

INSTRUCTIONS FOR "NEW" DEALER & GUNSMITH APPLICATIONS

In compliance with Section 400.00 of the NYS Penal Law, this office is the only legally authorized agency to process the above application for residents of Onondaga Co. **All fingerprints and photos should be taken with a scheduled appointment with L-1 Enrollment Services**, located at 1723 Burnett Ave., Syracuse. Call toll free (877) 742-6915 or visit their web site at www.L1enrollment.com. Your appointment with L-1 should be within 30 days of your processing appointment with the Onondaga Co. Sheriff's Office Pistol License Unit, 407 So State Street, Syracuse, NY (315) 435-3027. When speaking with L1 verify that the current fee for this service is \$104.25 as their prices are "subject to change".

Applicants scheduling through the L1 web site should print out the confirmation page and bring it with them to their L1 appointment.

Applicants **MUST** have **two (2) forms of identification** and provide the following information to L1 staff:

- a. Reason for being fingerprinted - DEALER AND /OR GUNSMITH LICENSE
- b. "ORI" number - NY921990Z

L1 staff will provide a receipt verifying applicants have been fingerprinted and photographed. **THIS RECEIPT MUST BE PROVIDED TO THE ONONDAGA COUNTY SHERIFF'S OFFICE WITH ALL OTHER COMPLETED PAPERWORK.** * All individuals listed as part of a "Corporation" must acquire their own Dealer license with all corporate, signatures on each of the Dealer/ Gunsmith licenses obtained* After all forms are completed & fingerprinting has been performed you must contact this office to schedule an appointment for processing. Dealer Licenses will always EXPIRE January 1ST two(2) years from the issue date.

*Applicants must be 21 years of age & citizens of the United States. The license must be for a location in Onondaga Co. **A current copy of the Federal Firearms License is Required.**

*You must appear in person to process your paperwork & you must apply for a Dealer and/or Gunsmith License at the same time.

*References must be over 21 years of age & residents of Onondaga Co. **NO FAMILY MEMBERS OR RESIDENTS OF THE SAME HOUSEHOLD MAY BE USED.** Reference information & signatures must be on all paperwork at the time of processing.

FEES FOR A FIRST TIME DEALER/GUNSMITH LICENSE ARE AS FOLLOWS:

Current fee \$104.25 TO L1 FOR FINGERPRINTING & PHOTO PROCESSING (but is subject to change)

\$35.00 DEALER ONLY - \$35.00 GUNSMITH ONLY

\$45.00 DEALER & GUNSMITH LICENSE

PAYMENT METHODS ACCEPTED:

CASH - MC - VISA - MONEY ORDER

INSTRUCTIONS FOR DEALER/GUNSMITH LICENSE RENEWAL

All paperwork submitted during a "RENEWAL" application is the same as an original submittal except the License Designation is "Renewal" not "Original Application". Complete the application paperwork and set up an appointment with the Pistol License Unit @ 435-2037 prior to your current expiration date. **It is advisable to set an appointment ASAP.** When your NYS Dealer and/or Gunsmith License is renewed prior to the expiration date, the fee for fingerprints with L1 is NOT charged. If your renewal paperwork is not processed PRIOR to the expiration date, your paperwork will be considered a "NEW" Dealer License and ALL FEES WILL BE CHARGED, A SET OF NEW FINGERPRINTS WILL BE REQUIRED BY L1 AND A NEW DEALER LICENSE NUMBER WILL BE ISSUED.

FEES FOR A RENEWED DEALER AND/OR GUNSMITH LICENSE FOLLOW

\$35.00 DEALER ONLY- \$35.00 GUNSMITH ONLY

\$45.00 DEALER AND GUNSMITH LICENSE

PAYMENT METHODS ACCEPTED:

CASH - MC - VISA - MONEY ORDER

DEALER LICENSE APPLICANT QUESTIONNAIRE

Please read and answer every question carefully. PRINT or TYPE all answers BUT **DO NOT SIGN**

1. Full Name: _____
Last Name First Name Middle Name
2. Present Address: _____
3. Any names you have ever used or been known by and reason for same:

4. Place of Birth: _____ Date of Birth: _____
Sex: _____ Race: _____ Social Security #: _____
5. Name of Business / Company _____
Address: _____
6. Please give a phone number where you may be reached during business hours or a home phone number:
HOME: _____ WORK: _____

MANDATORY CRIMINAL HISTORY CHECK

I allow the Onondaga County Sheriff's Office to perform a Criminal History Check in order to process my application for a Dealer/ Gunsmith License.

I HAVE ANSWERED THE ABOVE QUESTIONS TO THE BEST OF MY KNOWLEDGE AND RECOLLECTION AND I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW, STATE OF NEW YORK

SIGNATURE _____ DATE _____

DEPARTMENTAL AFFIRMATION

DATE: _____

I, _____ having submitted an Application for a New York State Dealer's License on the above date understand that any omission of fact or any false statement concerning my criminal history will be cause for **"IMMEDIATE DENIAL"**.

I UNDERSTAND THAT I MUST DISCLOSE, AS PART OF MY CRIMINAL HISTORY CHECK, all previous arrests including arrests which never resulted in the filing of a charge, arrest which resulted in a dismissal, adjournment in contemplation of dismissal and all sealed records, including arrests which resulted in a "Certificate of Relief from Disabilities" and DWI arrests.

I understand that the fees are non-refundable and that I must wait a period of one (1) year to reapply and that any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

Subscribed and sworn to before me on this

_____ day of _____ 20 _____

Pistol License Unit Employee

Signature of Applicant

Date

STATE OF NEW YORK
APPLICATION FOR LICENSE
AS GUNSMITH - DEALER IN
FIREARMS

NYSID NUMBER _____
 LICENSE NUMBER _____
 DATE OF ISSUE: MONTH _____ DAY _____ YEAR _____

ORIGINAL APPLICATION RENEWAL
 COUNTY OF ISSUE _____ CODE _____
 EXPIRATION DATE: MONTH _____ DAY _____ YEAR _____

LAST NAME _____ FIRST NAME _____ MI _____ MONTH _____ DAY _____ YEAR _____ SEX _____
 RESIDENCE ADDRESS _____ CITY, VILLAGE, TOWN AND STATE (IF OTHER THAN NEW YORK) _____ DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____
 ZIP CODE _____
 HGT (INS) _____ WGT (LBS) _____ EYES _____ HAIR _____ RACE _____ SOCIAL SECURITY NUMBER _____ PRESENT OCCUPATION _____ CITIZEN OF U.S.A. YES NO

EMPLOYED BY _____ NATURE OF BUSINESS _____ BUSINESS ADDRESS _____

I HEREBY APPLY FOR A LICENSE AS: GUNSMITH DEALER IN FIREARMS CHECK ONE OR BOTH TO CONDUCT BUSINESS AT AS APPLICABLE

STREET ADDRESS OR OTHER LOCATION _____ CITY, VILLAGE, TOWN _____ ZIP CODE _____ BUSINESS TELEPHONE _____

IS THIS APPLICATION FOR: INDIVIDUAL FIRM
 COMPANY CORPORATION PARTNERSHIP NAME OF FIRM, COMPANY, CORPORATION OR PARTNERSHIP: _____

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

LAST, FIRST, MI	STREET ADDRESS	CITY, VILLAGE, TOWN	SIGNATURE

HAVE YOU EVER BEEN ARRESTED OR INDICTED, ANYWHERE FOR ANY OFFENSE (EXCEPT TRAFFIC INFRACTIONS)?
 YES NO IF YES, FURNISH FOLLOWING INFORMATION:

DATE	POLICE AGENCY	CHARGE	DISPOSITION - COURT AND DATE

HAVE YOU EVER BEEN TERMINATED/DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? YES NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? YES NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? YES NO

HAVE YOU EVER HAD A PISTOL LICENSE, DEALER'S LICENSE, GUNSMITH LICENSE, OR ANY APPLICATION FOR SUCH A LICENSE DISAPPROVED, OR HAD SUCH A LICENSE REVOKED OR CANCELLED? YES NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER HANDLING OF A FIREARM? YES NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? YES NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH
OF APPLICANT
TAKEN WITHIN 30 DAYS

FULL FACE ONLY

ANY OMISSION OF FACT OR ANY FALSE STATEMENT WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION AND CONSTITUTES A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.

I AM AWARE THAT THE FOLLOWING CONDITIONS AFFECT ANY LICENSE WHICH MAY BE ISSUED TO ME:

- NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS TRANSFERABLE TO ANOTHER PREMISES, EXCEPT IN ACCORDANCE WITH PENAL LAW SECTION 400.00 SUBD. B.
- ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION MAY REMAIN VALID DURING ITS TERM PROVIDING THE APPLICANT RETAINS A VALID LICENSE ISSUED PURSUANT TO APPLICABLE FEDERAL LAWS GOVERNING COMMERCE IN FIREARMS.
- ANY LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS SUBJECT TO REVOCATION AT ANY TIME BY THE LICENSING OFFICER OR ANY JUDGE OR JUSTICE OF A COURT OF RECORD.
- NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION AUTHORIZES POSSESSION OF FIREARMS OFF OF THE BUSINESS PREMISES INDICATED HEREIN, EXCEPT IN ACCORDANCE WITH PENAL LAW SECTION 400.00. SUBD. B.

JURAT:

SIGNED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____

AT _____, NEW YORK

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICER ADMINISTERING OATH

TITLE OF OFFICER

IF APPLICANT IS A FIRM OR PARTNERSHIP, THE APPLICATION MUST BE SIGNED AND VERIFIED BY EACH INDIVIDUAL COMPOSING OR INTENDING TO COMPOSE SUCH FIRM OR PARTNERSHIP.

NAME	TITLE	NAME	TITLE
NAME	TITLE	NAME	TITLE

IF THE APPLICANT IS A CORPORATION, THE FOLLOWING INFORMATION IS NECESSARY:

SIGNATURE OF PRESIDENT _____

SIGNATURE OF SECRETARY _____

SIGNATURE OF TREASURER _____

NAME OF CORPORATION: _____ DATE AND PLACE OF INCORPORATION _____

LOCATION OF PRINCIPAL PLACE OF BUSINESS: _____ STREET _____ CITY _____ COUNTY _____ STATE _____

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS
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IMPRESSIONS TAKEN BY: _____ NAME _____ RANK _____ SHIELD _____ DATE _____

APPLICANT'S SIGNATURE AND ADDRESS: _____

INVESTIGATION REPORT - ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME _____ RANK _____ ORGANIZATION _____

RECOMMEND APPROVAL - DISAPPROVAL: (STRIKE OUT ONE)
 THIS APPLICATION IS APPROVED - DISAPPROVED (STRIKE OUT ONE)

SIGNATURE OF INVESTIGATING OFFICER _____

DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF STATE POLICE WITHIN TEN DAYS OF DATE OF ISSUANCE AS REQUIRED BY SECTION 400.00, SUBDIVISION 5. PENAL LAW.