

Onondaga County Sheriff's Office –

Instructions for the New/Renewal of NYS Gunsmith – Dealer in Firearms Applications

NYS New Gunsmith – Dealer in Firearms License

Print Application 2 sided

DO NOT sign or have anyone witness any of the application paperwork.

In compliance with NYS Penal Law Section 400.00, the Onondaga County Sheriff's Office – Pistol License Unit is the only legally authorized agency to process the above application for residents of Onondaga County.

1. Applicants must be **21 years of age** at the time of application and a citizen of the United States. The license must be for a location in Onondaga County. A current copy of the Federal Firearms License is required. (All individuals listed as part of a "Corporation" must acquire their own Dealer License with all corporate signatures on each of the Gunsmith-Dealer Licenses obtained.)
2. Complete the application form. No copies will be accepted. Use **black ink or type**.
3. Four (4) references are required:
 - a. They must be 21 years of age or older and a resident of Onondaga County.
 - b. They cannot be family members or reside in the same household.
 - c. Each of your references must personally sign the NYS application form PPB 6. In addition, each reference must complete and sign the attached Character Reference Form.
4. Answer all the questions on the questionnaire and the affirmation sheet. If you are unclear on any question or statement leave it blank. We will attempt to assist you when you return your application.

When ALL application paperwork has been completed, go on-line to <https://sheriff.ongov.net/pistol-license-unit/> to make an appointment to process the Gunsmith-Dealer Application. **Do not schedule your fingerprints until you have scheduled your appointment with the Onondaga County Sheriff's Office – Pistol License Unit, as Fingerprints and Photo must be taken within 30 days of your appointment date. I.e. appointment date of 6/1/2021, prints must be taken between 5/2/2021 & 5/31/2021**

To schedule Fingerprints and Photo:

1. Applicants must schedule an appointment for fingerprinting by calling Identogo toll free call center at (877) 472-6915 or by visiting their web site at <https://uenroll.identogo.com/workflows/154FN9>
2. Applicants scheduling through the Identogo web site should print out the confirmation page and bring it to their appointment.
3. Applicants **MUST** have two forms of identification and provide the following information to Identogo staff:
 - a. Service Code Number: **154FN9**
 - b. Reason for being fingerprinted - **PISTOL PERMIT LICENSE**
4. Identogo staff will provide a receipt verifying applicants have been fingerprinted and photographed. No additional photo is needed as this one will be used for your license. A copy of your receipt must be provided with your application.

Renewal of a NYS Gunsmith – Dealer in Firearms License

Print Application 2 sided

DO NOT sign or have anyone witness any of the application paperwork.

In compliance with NYS Penal Law Section 400.00, the Onondaga County Sheriff's Office – Pistol License Unit is the only legally authorized agency to process the above application for residents of Onondaga County.

All paperwork submitted during the “RENEWAL” application is the same as the NYS Gunsmith – Dealer in Firearms Application except the designation is “RENEWAL”. When ALL application paperwork has been completed, go on-line to <https://sheriff.ongov.net/pistol-license-unit/> to make an appointment to process the Gunsmith-Dealer Application prior to your expiration date.

NYS Gunsmith – Dealer in Firearms License ALWAYS expire January 1, two (2) years from the issue date. I.e. if the license was issued anytime during 2020, renewal MUST be before 1/1/2022.

It is recommended to apply a minimum of 45 days prior to the expiration date due to the processing time required.

If your renewal paperwork is not processed (including the Judge's review and approval) by the expiration date, your paperwork will be considered a “NEW” NYS Gunsmith- Dealer License and a new set of fingerprints will be required by IdentoGo and a New NYS Gunsmith – Dealer License number will be issued.

Please bring the following to your NYS Gunsmith – Dealer in Firearms appointment.

Copy of issued Federal Firearms License

Photo identification is required. (NYS Driver License or NYS Non-Driver ID Card is preferred)

Copy of IdentoGO receipt (required only for NEW Applicants)

Applicable Fees

\$35.00 Gunsmith or Dealer License *

\$45.00 Gunsmith- Dealer License *

*Payment methods accepted: Cash, Money Order, Visa, MasterCard, or Discover Card.

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the Pistol Permit Bureau as part of the standard for recording Firearms. Failure to disclose your Social Security Number will prohibit your transaction from being recorded. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

INSTRUCTIONS: Print or Type in black ink only

NYSID NUMBER		PPB-6 (REV. 03/11)		STATE OF NEW YORK		ORIGINAL APPLICATION <input type="checkbox"/> RENEWAL <input type="checkbox"/>	
LICENSE NUMBER				APPLICATION FOR LICENSE AS GUNSMITH -DEALER IN FIREARMS		COUNTY OF ISSUE	
DATE OF ISSUE		MONTH DAY YEAR				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		ZIP CODE	
HGT (in)		WGT (lbs)		EYES		HAIR	
RACE		SOCIAL SECURITY NUMBER		PRESENT OCCUPATION		CITIZEN OF U.S.A.	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYED BY		NATURE OF BUSINESS		BUSINESS ADDRESS			

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

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

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

COMPANY ☐ CORPORATION ☐ 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, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? ☐ YES ☐ NO IF YES, FURNISH THE 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:

1. NO LICENSE ISSUED AS A RESULT OF THIS APPLICATION IS TRANSFERABLE TO ANOTHER PREMISE, EXCEPT IN ACCORDANCE WITH PENAL LAW SECTION 400.00 SUBD. 8.
2. 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.
3. 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.
4. 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 8.

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

THIS FORM APPROVED BY SUPERINTENDENT OF STATE POLICE AS
REQUIRED BY PENAL LAW SECTION 400.00, SUBD. 3.

APPLICATION NOT VALID UNLESS SWORN

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
-------------------	-----------------------	--------------------

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

THIS APPLICATION IS APPROVED – DISAPPROVED (STRIKE OUT ONE)

TITLE AND SIGNATURE OF LICENSING OFFICER

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.

NYS Gunsmith – Dealer Applicant Questionnaire

Please read and answer all questions carefully

Print or Type - **DO NOT SIGN**

1. Full Name: _____
Last Name First Name Middle Name
2. Current Address: _____
3. Phone # Home () _____ Work () _____
4. email Address _____ Social Security # _____ - _____ - _____
5. Any names you have ever used or been known by and reason for same:

6. Place of Birth: _____ Date of Birth _____
Sex _____ Race _____
7. Name of Business/Company: _____
Address: _____
8. Starting with your present address, list all places of residence for the last 5 years. (include apt #s & zip)

MANDATORY CRIMINAL HISTORY CHECK

I allow the Onondaga County Sheriff's Officer to perform a Criminal History Check in order to process my application for a Gunsmith – Dealer 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 New York State Penal Law.

Signature _____ Date _____

Departmental Affirmation

I, _____

having submitted an application for a New York State Gunsmith-Dealer License on the below 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, arrests 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
New York State Penal Law.

Signature of Applicant

Date

Subscribed and sworn to before me on this _____ day of _____ 20____

Signature

Additional Arrest History

Date	Police Agency	Charge	Disposition - Court Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Onondaga County Sheriff's Office - Pistol License Unit - Character Reference Form

4 References are Required - Submit 1 Form for each reference. References must be 21 years of age or older, residents of Onondaga County and cannot be family members or reside in the same household. Return all completed forms with application, please make sure your references also sign the NYS Application form PPB 6.

I, _____, *being duly sworn, deposes and says that I am aware that: The following questions are* asked in connection with the background investigation of _____ applicant for a New York State pistol license. I promise to answer each question to the best of my ability.

PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY. Print (Black ink) or Typewrite all but Signature.

1. What is your present address? _____
2. Your current phone number/cell number (must be accessible contact #): _____
_____ Date of Birth: _____
3. Name and address of employer? _____

4. How long have you known applicant? _____
5. By what other name (s) has applicant been known? _____
6. Where does applicant reside? _____
7. What is applicant's business or occupation? _____
8. Are you related to the applicant? _____
9. Will you attest to the applicant's honesty, sobriety, integrity, peacefulness? _____
10. Is the applicant a person of good moral character? _____
11. Would you, without reservation, recommend applicant for a pistol license? _____

Additional Information or Comments:

All information contained in this form will be strictly confidential. Please sign below and return with application.

I KNOW THE MEANING OF PERJURY; IT IS THE TELLING OF A LIE WHILE UNDER OATH. I ALSO KNOW THAT 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.

DATE _____

SIGNATURE _____
Of Reference Individual

INTENTIONALLY LEFT BLANK

Onondaga County Sheriff's Office - Pistol License Unit - Character Reference Form

4 References are Required - Submit 1 Form for each reference. References must be 21 years of age or older, residents of Onondaga County and cannot be family members or reside in the same household. Return all completed forms with application, please make sure your references also sign the NYS Application form PPB 6.

I, _____, *being duly sworn, deposes and says that I am aware that: The following questions are* asked in connection with the background investigation of _____ applicant for a New York State pistol license. I promise to answer each question to the best of my ability.

PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY. Print (Black ink) or Typewrite all but Signature.

2. What is your present address? _____

2. Your current phone number/cell number (must be accessible contact #): _____

_____ Date of Birth: _____

10. Name and address of employer? _____

11. How long have you known applicant? _____

12. By what other name (s) has applicant been known? _____

13. Where does applicant reside? _____

14. What is applicant's business or occupation? _____

15. Are you related to the applicant? _____

16. Will you attest to the applicant's honesty, sobriety, integrity, peacefulness? _____

10. Is the applicant a person of good moral character? _____

11. Would you, without reservation, recommend applicant for a pistol license? _____

Additional Information or Comments:

All information contained in this form will be strictly confidential. Please sign below and return with application.

I KNOW THE MEANING OF PERJURY; IT IS THE TELLING OF A LIE WHILE UNDER OATH. I ALSO KNOW THAT 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.

DATE _____

SIGNATURE _____
Of Reference Individual

INTENTIONALLY LEFT BLANK

Onondaga County Sheriff's Office - Pistol License Unit - Character Reference Form

4 References are Required - Submit 1 Form for each reference. References must be 21 years of age or older, residents of Onondaga County and cannot be family members or reside in the same household. Return all completed forms with application, please make sure your references also sign the NYS Application form PPB 6.

I, _____, *being duly sworn, deposes and says that I am aware that: The following questions are* asked in connection with the background investigation of _____ applicant for a New York State pistol license. I promise to answer each question to the best of my ability.

PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY. Print (Black ink) or Typewrite all but Signature.

3. What is your present address? _____

2. Your current phone number/cell number (must be accessible contact #): _____

_____ Date of Birth: _____

17. Name and address of employer? _____

18. How long have you known applicant? _____

19. By what other name (s) has applicant been known? _____

20. Where does applicant reside? _____

21. What is applicant's business or occupation? _____

22. Are you related to the applicant? _____

23. Will you attest to the applicant's honesty, sobriety, integrity, peacefulness? _____

10. Is the applicant a person of good moral character? _____

11. Would you, without reservation, recommend applicant for a pistol license? _____

Additional Information or Comments:

All information contained in this form will be strictly confidential. Please sign below and return with application.

I KNOW THE MEANING OF PERJURY; IT IS THE TELLING OF A LIE WHILE UNDER OATH. I ALSO KNOW THAT 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.

DATE _____

SIGNATURE _____
Of Reference Individual

INTENTIONALLY LEFT BLANK

Onondaga County Sheriff's Office - Pistol License Unit - Character Reference Form

4 References are Required - Submit 1 Form for each reference. References must be 21 years of age or older, residents of Onondaga County and cannot be family members or reside in the same household. Return all completed forms with application, please make sure your references also sign the NYS Application form PPB 6.

I, _____, *being duly sworn, deposes and says that I am aware that: The following questions are* asked in connection with the background investigation of _____ applicant for a New York State pistol license. I promise to answer each question to the best of my ability.

PLEASE READ AND ANSWER EVERY QUESTION CAREFULLY. Print (Black ink) or Typewrite all but Signature.

4. What is your present address? _____
2. Your current phone number/cell number (must be accessible contact #): _____
_____ Date of Birth: _____
24. Name and address of employer? _____

25. How long have you known applicant? _____
26. By what other name (s) has applicant been known? _____
27. Where does applicant reside? _____
28. What is applicant's business or occupation? _____
29. Are you related to the applicant? _____
30. Will you attest to the applicant's honesty, sobriety, integrity, peacefulness? _____
10. Is the applicant a person of good moral character? _____
11. Would you, without reservation, recommend applicant for a pistol license? _____

Additional Information or Comments:

All information contained in this form will be strictly confidential. Please sign below and return with application.

I KNOW THE MEANING OF PERJURY; IT IS THE TELLING OF A LIE WHILE UNDER OATH. I ALSO KNOW THAT 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.

DATE _____

SIGNATURE _____
Of Reference Individual

INTENTIONALLY LEFT BLANK