

New York State
Gunsmith – Dealer in Firearms
Application



Onondaga County Sheriff's Office – Pistol License Unit
407 South State Street
Syracuse, NY 13202
(315) 435-2037

Email: PistolLicenseUnit@ongov.net
<http://sheriff.ongov.net/pistol-license-unit/>

New Gunsmith – Dealer in Firearms License Applications

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 applicant signatures MUST be signed in front of Pistol License Staff. Do NOT sign your application until your scheduled appointment.****

1. Applicants must be **21 years of age** at the time of application **and** 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 all application paperwork. Type of use back ink ONLY. No copies of your application will be accepted, only originals.
3. Four character references are required:
 - a. They must be 21 years of age or older and a resident of ONONDAGA COUNTY. References outside of Onondaga will not be accepted under any circumstances.
 - b. They cannot be related to or reside in the same household as the applicant.
 - c. Each reference **MUST** complete and sign **BOTH** the NYS application form PPB-6 **AND** the individual character reference forms included in your application. Failure to do so may result in delay of your application or rescheduling your appointment.

Once ALL of your application paperwork has been completed, you will need to go to <http://sheriff.ongov.net/pistol-license-unit/> to schedule your appointment to hand in your application.

Fingerprints & Photo

DO NOT schedule your fingerprints until you have scheduled your appointment to drop off your application **AND** are within **30 days** of that appointment. Fingerprints and photo **MUST** be taken within 30 days of your appointment date. Example – appointment is scheduled for 6/1/23, prints must be taken between 5/2/23 & 5/31/23 in order to be valid.

1. Applicants must schedule an appointment with Identogo. Fingerprints/photo are **NOT** processed by the Onondaga County Sheriff's Office.
Phone: (877) 472-6915
Website: <https://uenroll.identogo.com/workflows/154FN9>
2. Applicants must have one form of identification and provide the following to Identogo staff:
 - a. Service Code Number: **154FN9**
 - b. Reason for being fingerprinted - **PISTOL PERMIT LICENSE**
3. 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. Applicant should bring their Identogo receipt to their appointment.

Renewal of a NYS Gunsmith – Dealer in Firearms License

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 applicant signatures MUST be signed in front of Pistol License Staff. Do NOT sign your application until your scheduled appointment.****

ALL paperwork submitted during the “RENEWAL” application is the same as the instructions for a “NEW” application.

Once **ALL** of your application paperwork has been completed, you will need to go to <http://sheriff.ongov.net/pistol-license-unit/> to schedule your appointment to hand in your application

NYS Gunsmith – Dealer in Firearms Licenses **ALWAYS** expire January 1, two (2) years from the issue date. Example - 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. If you are having trouble finding an appointment that would give that much time, please call the office to speak with a staff member.

If your renewal application is not processed and approved by a County Court Judge by your expiration date, your application will be need to be processed as a “NEW” application and a new set of fingerprints and photo will need to be taken along with all associated fees.

Your Appointment

Please bring the following:

- Copy of issued Federal Firearms License (Type 01 or 07) or extension letter issued by ATF
- Photo identification is required. (NYS Driver License or NYS Non-Driver ID Card **ONLY**)
- Completed application and character references
- Application fee (see below)
- Copy of IdentoGO receipt (**NEW** Applicants only)

Applicable Fees – Cash/Credit Card/ or Money Order ONLY

Gunsmith **OR** Dealer License - \$35.00

Gunsmith **AND** Dealer License - \$45.00

State of New York

Application For License as Gunsmith-Dealer In Firearms

THIS SECTION TO BE COMPLETED BY LICENSING OFFICE

NYSID #	License #	County of Issue
Date of Issue	Expiration Date	

ORIGINAL APPLICATION ☐RENEWAL ☐

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.

Personal Information

Last Name		First Name		Middle Name		Suffix	
Street Name (Physical Address)				Apt #	City		State Zip
Mailing Address (If Different than Physical)				Apt #	City		State Zip
Sex:	DOB:	Height: ft	In	Weight:	Hair:	Eyes:	
Social Security Number:				Race:			
Citizen of U.S.	Primary Phone #		Secondary Phone #			Email Address	
Employed By		Current Occupation		Nature of Business			
Business Address				Apt #	City		State Zip
I hereby apply for a license as: (Check all that apply) <input type="checkbox"/> Gunsmith <input type="checkbox"/> Dealer in Firearms							
Business Telephone		Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)					
Is this application for: (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Firm <input type="checkbox"/> Company <input type="checkbox"/> Corporation <input type="checkbox"/> 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 (Street #, Name, Apartment #, City, State, Zip Code)	Signature

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

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:

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition

Have you ever been terminated/discharged from any employment or the armed forces for cause?

Have you ever undergone treatment for alcoholism or drug use?

Have you ever suffered any mental illness, or been confined to any hospital, public or private institution, for mental illness?

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?

Do you have any physical condition which could interfere with safe and proper handling of a firearm?

Have you ever been charged, petitioned against, a respondent, or otherwise been a subject of a proceeding in family court?

If the answer to any of the questions above 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 me before

This _____ day of _____, 20 _____

at _____, New York

Signature of Applicant

Signature of Officer Administering Oath

Title of Officer

APPLICATION NOT VALID UNLESS SWORN

State of New York
Pistol/Revolver License Application
Semi-Automatic Rifle License Application

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

RIGHT FOUR FINGERS

THUMBS TAKEN TOGETHER

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

SIGNATURE OF INVESTIGATING OFFICER _____

TITLE AND SIGNATURE OF LICENSING 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.

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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

3/1/23

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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? _____

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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? _____
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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? _____
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