# 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: <u>PistolLicenseUnit@ongov.net</u> <a href="http://sheriff.ongov.net/pistol-license-unit/">http://sheriff.ongov.net/pistol-license-unit/</a>

### **Dealer in Firearms License Application Instructions**

The following instructions are for BOTH new dealer applications AND renewals.

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 or use black ink <u>ONLY</u>. 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 <u>cannot</u> 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. References **MUST** sign within 6 months of your appointment date. 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 call or email to get scheduled to drop off your application. Please call (315) 435-2037 or email at <a href="mailto:PistolLicenseUnit@ongov.net">PistolLicenseUnit@ongov.net</a>.

### Fingerprints & Photo

**<u>DO NOT</u>** 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.

### Your Appointment

### Please bring the following:

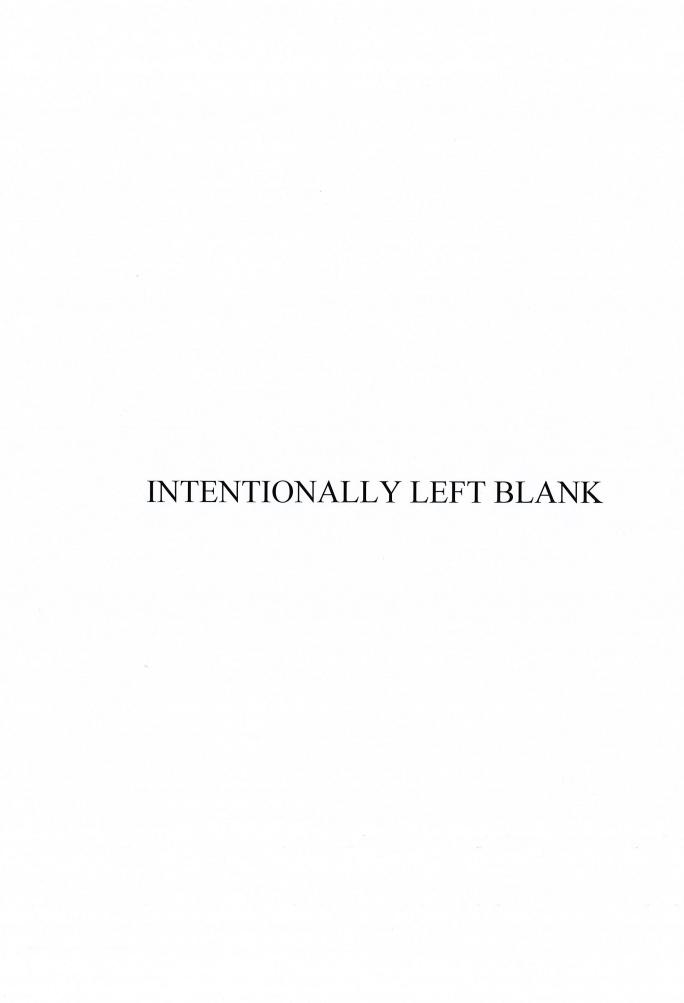
- Copy of issued Federal Firearms License (Type 01 or 07) or extension letter issued by ATF
- Photo identification is required. (NYS Driver License or NYS Non-Driver ID Card **ONLY**)
- Completed application and character references
- Application fee (see below)
- Copy of IdentoGO receipt

#### Applicable Fees - Cash/Credit Card/ or Money Order ONLY

Gunsmith <u>OR</u> Dealer License - \$35.00 Gunsmith <u>AND</u> Dealer License - \$45.00

NYS Gunsmith – Dealer in Firearms Licenses <u>ALWAYS</u> expire January 1, three (3) years from the issue date. Example - if the license is issued anytime during 2023, renewal MUST be before 1/1/2027. It is recommended to apply a minimum of 45 days prior to the expiration date. Expiration dates can be found on your license which must be displayed in your place of business.

Effective 12/2023 – NYS now requires fingerprints and photo to be done at every renewal. Please review the instructions for this and make sure they are done no sooner than 30 days prior to your scheduled appointment.



### **State of New York**

Application For License as Gunsmith-Dealer In Firearms

THIS SECTION	ON TO BE	COMPLE	ETED F	3Y LI	CENS	SING	OFFIC	E				
NYSID#				Licens	se #				County of Is	County of Issue		
Date of Issue			Expiration Date									
	_											
ORIGINAL APPLI	CATION				RENI	EWAL						
required by the	Pistol Permit ansaction from	Bureau as pa n being recor	rt of the s	standar	d for re	cording l	Firearms	. Failure to	curity Number is disclose your So ty Number only	ocial Secur	ity N	lumber will
Personal Info	ormation											
Last Name				First N	lame				Middle Name		Suf	fix
Street Name (Physic	al Address)					Apt#	City			Sta	to	Zip
Officer Hame (1 Hysic	an Address)					Дре #	Oity			Jia		Zip
Mailing Address (If E	Different than Phy	sical)				Apt #	City			Sta	te	Zip
Sex:	DOB:		Height:	ft	In	Weigh	t:	На	ir:	E	/es:	
Social Security Number:				Race:								
Citizen of U.S. Primary Phone #		Secondary Phone #				Email Ad	ddre	ss				
	•											
Employed By			Curren	t Occup	oation			Nature of	Business			
Business Address						Ant #	City			64-	4-	7:
business Address				Apt # City					Sta	ite	Zip	
I hereby apply for a	license as: (C	heck all that	apply)	Gu	ınsmith			Dea	ler in Firearms			
Business Telephor	ie		Address	s or Oth	er Loca	ation (Str	eet #, St	reet Name,	Apartment Numb	per, City, S	tate,	Zip Code)
Is this application	for: (Check or	ne) Ind	ividual	Fi	irm	Con	npany	Corpor	ation Par	rtnership		
Name of Firm, Cor	mpany, Corpoi	ation, or Parr	nership									
Give four character	references wh	no by their sig	nature at	test to y	your go	od mora	l charact	er:				
Last, First, MI		Street Addre	ess (Stree	t #, Nan	ne, Apa	rtment #	, City, St	ate, Zip Coo	le)   Signature			

### **State of New York**

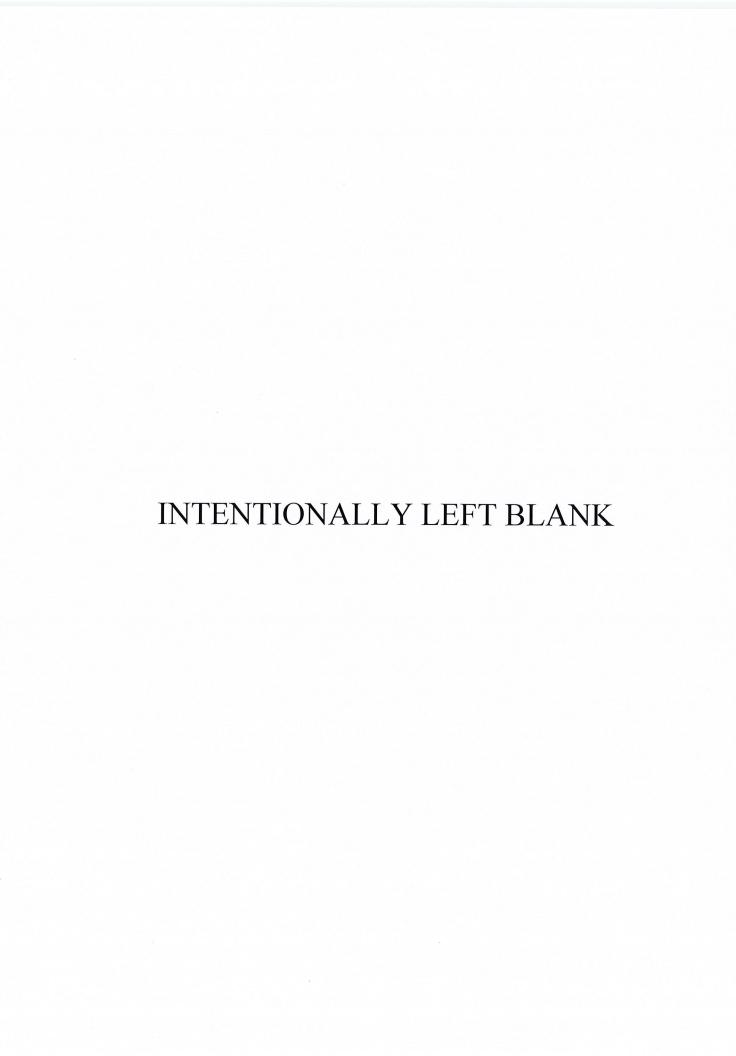
Pistol/Revolver License Application Semi-Automatic Rifle License Application

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 Agenc	у	Charge	Disposition Date	Disposition Court	Disposition
						Y
Have you ever be	en terminated	discharg	ed from any empl	oyment or the armed forces for	r cause?	
Have you ever un	dergone treatr	nent for a	alcoholism or dru	g use?		
Have you ever su	ffered any mei	ntal illnes	s, or been confin	ed to any hospital, public or pri	vate institution, for mental illnes	s?
Have you ever had had such a license				nith license, or any application	for such a license disapproved,	or
Do you have any	physical cond	ition whic	ch could interfere	with safe and proper handling	of a firearm?	
Have you ever be	en charged, pe	etitioned a	against, a respon	dent, or otherwise been a subje	ect of a proceeding in family cou	t?
If the answer to any of the questions above is YES, explain here:						
Photograph Of Applicant Taken Within 30 Days  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 SECION 400.00 SUBD. 3.  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						
Signati	ure of Applicant		-	Signature of Officer Admini	stering Oath	Title of Officer
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

NAME  TITLE  IN NAME  TITLE  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  TITLE TIT	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.						
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 INCORPORATIOS  LOCATION OF PRINCIPAL PLACE OF BUSINESS  STREET CITY COUNTY STATE  1. RIGHT THUMB	TITLE						
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 F							
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6. LEFT THUMB  7. LEFT FOREFINGER  8. LEFT MIDDLE FINGER  9. LEFT RING FINGER  10. LEFT LITTLE FI	INGER						
6. LEFT THUMB  7. LEFT FOREFINGER  8. LEFT MIDDLE FINGER  9. LEFT RING FINGER  10. LEFT LITTLE F							
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	NODA						
PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY							
LEFT FOUR FINGERS  RIGHT FOUR FINGERS							
THUMBS TAKEN TOGETHER							
IMPRESSIONS TAKEN BY							
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							
DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF 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.	have you ever used or be	en known by any other name(s)?	」Yes □ No
	If yes, name(s):		
2.	Place of Birth:	(City,	, State)
3.	Name of Business/Compa	any:	
4.	FFL #:		
	FFL Expiration Date:		
6.	List all addresses of reside	ence within the last 5 years:	
	Current (check)	<u>Address</u>	Approximate Dates
		more room is required, please continue	on the back**
	"	more room is required, piedse continue	. Of the back
7.	List all employers/occupat	cions for the last 5 years:	
	Current (check)	Employer/Occupation	<u>Approximate Dates</u>
	**If	more room is required, please continue	e on the back**
I have	answered the above questi	ons to the best of my knowledge and re	collection and I understand that ANY
false st	tatements made herein are	e punishable as a Class A Misdemeanor p	oursuant to section 210.45 of the NYS
Penal L	.aw.		
	Signature of Applicant:		Date:

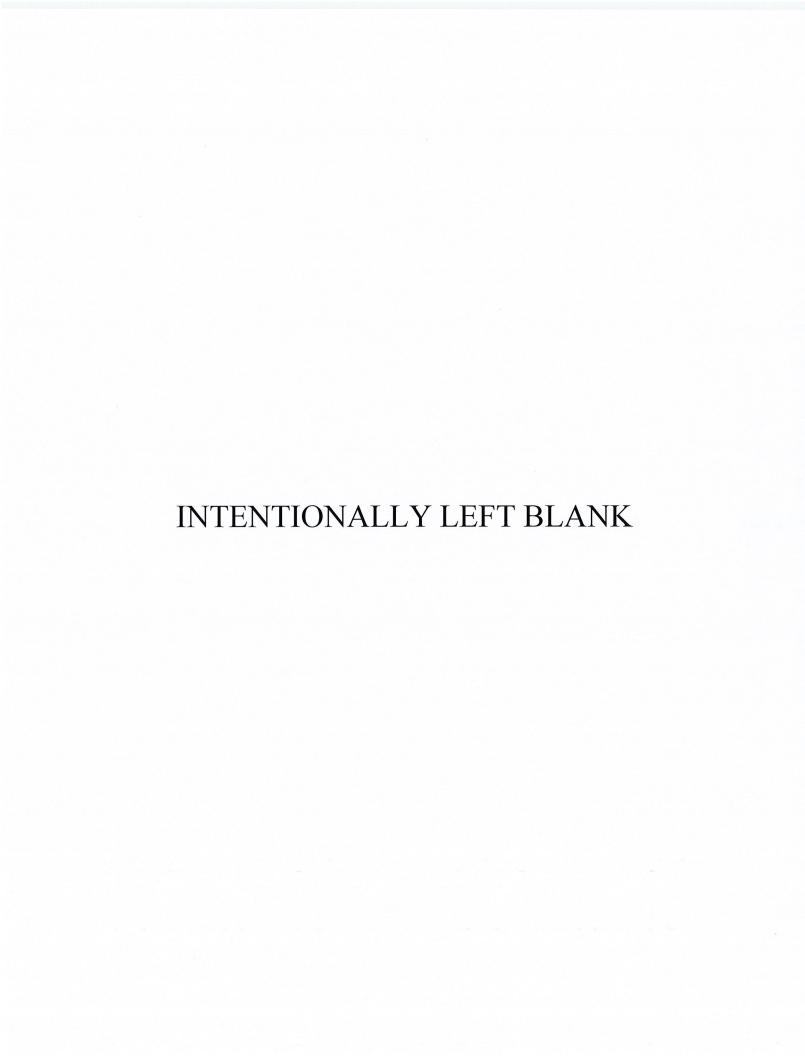
### Departmental Affirmation/Mandatory Criminal History Check DO NOT SIGN UNTIL APPOINTMENT

I,	ms Application or concerning my cr	g submitted an application for a New at the below date understand that any iminal history will be cause for
and review my background and crimina	l history. I unders	ondaga County Sheriff's Office to process stand I must disclose <u>all previous arrests</u> earance tickets, DWI's, regardless of the
	ein are punishable	t wait a period of one (1) year to reapply, e as a Class A Misdemeanor pursuant to
Signature of Applicant:		Date:
Signed and sworn to me on this	day of	, 20
Signature:		
Date of fingerprints:		
Official PLU Staff Only		

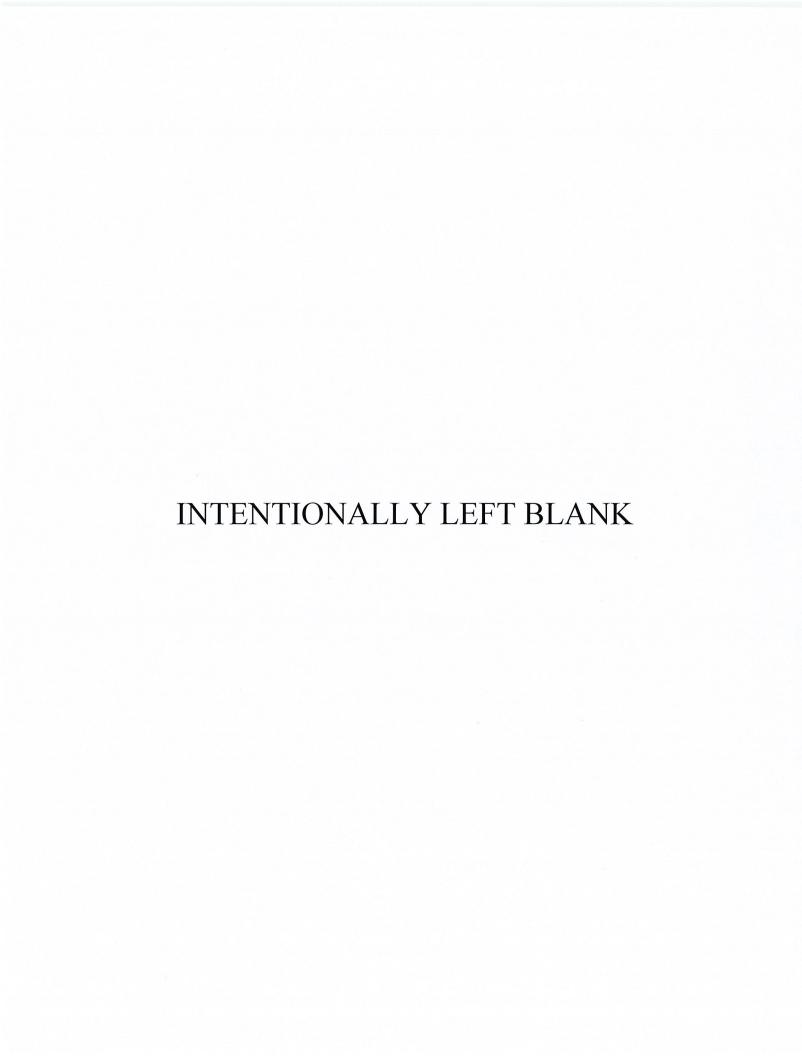
# **Additional Arrest History**

Arrest Date	Police Agency	Charge	Disposition Date	Disposition Court	Disposition
			20		**

Appli	icants Name & Address:				
	How long have you known the applicant?				
2.	Are you related to the applicant? $\square$ Yes $\square$ No				
3.	Has the applicant been known by any other names? $\square$ Yes $\square$ No				
	If yes, please list names:				
4.	Do you recommend the issuance of a permit? ☐ Yes ☐ No				
	If no, please explain why:				
5.	To the best of your knowledge, has the applicant ever:				
	Undergone treatment for alcohol and/or substance abuse? ☐ Yes ☐ No				
	Suffered from any mental illness? ☐ Yes ☐ No				
	If you answered "Yes" to any of the above, please explain:				
6.	Do you attest to the applicant's sobriety, honesty, integrity, and				
	peacefulness?   Yes   No				
	If no, please explain:				
7.	Is the applicant of good moral character? ☐ Yes ☐ No				
	If no, please explain:				
Name	<b>:</b>				
Addre	ess:				
	Phone #:				
Signa	ture: Date:				



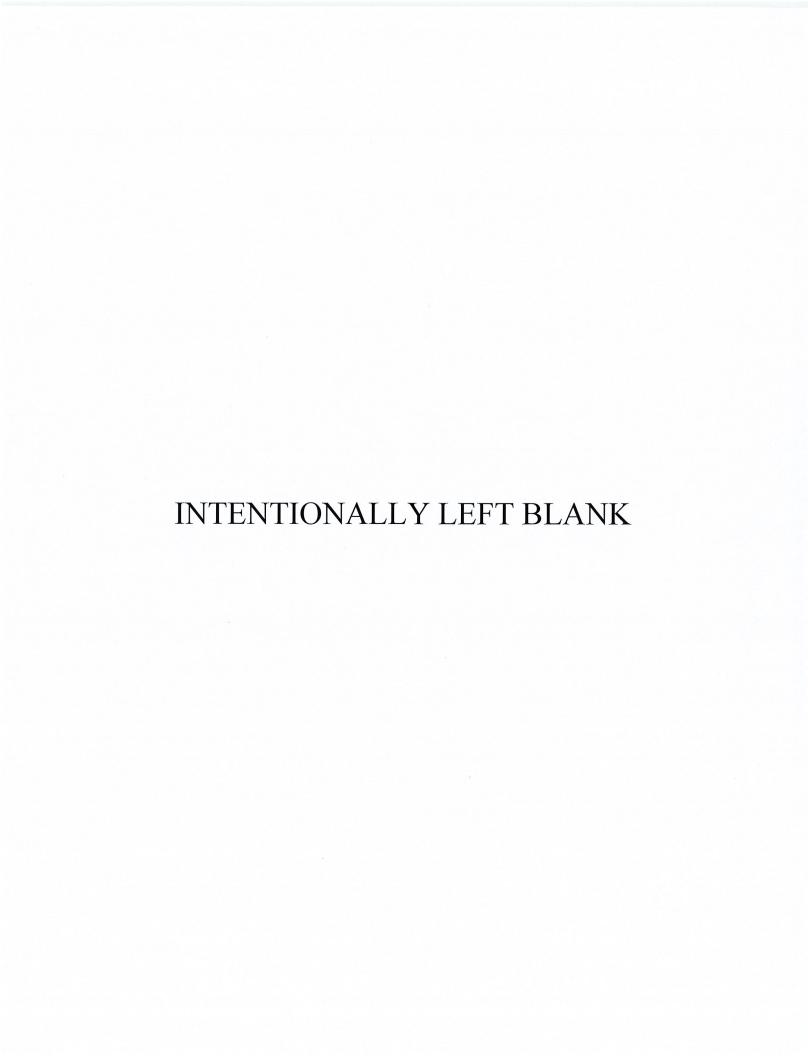
Appli	cants Name & Address:
1.	How long have you known the applicant?
	Are you related to the applicant?   Yes   No
	Has the applicant been known by any other names? $\square$ Yes $\square$ No
1	If yes, please list names:
4.	Do you recommend the issuance of a permit? ☐ Yes ☐ No
	If no, please explain why:
5.	To the best of your knowledge, has the applicant ever:
	Undergone treatment for alcohol and/or substance abuse? ☐ Yes ☐ No
	Suffered from any mental illness? ☐ Yes ☐ No
	If you answered "Yes" to any of the above, please explain:
6.	Do you attest to the applicant's sobriety, honesty, integrity, and
	peacefulness? □ Yes □ No
	If no, please explain:
7.	Is the applicant of good moral character? $\square$ Yes $\square$ No
	If no, please explain:
Name	»:
Addre	ess:
	Phone #:
Signa	ture: Date:



Appli	cants Name & Address:
1.	How long have you known the applicant?
	Are you related to the applicant?   Yes   No
3.	Has the applicant been known by any other names? ☐ Yes ☐ No If yes, please list names:
4.	Do you recommend the issuance of a permit? ☐ Yes ☐ No  If no, please explain why:
5.	To the best of your knowledge, has the applicant ever:
	Undergone treatment for alcohol and/or substance abuse? ☐ Yes ☐ No
	Suffered from any mental illness? $\square$ Yes $\square$ No
	If you answered "Yes" to any of the above, please explain:
(	
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	peacefulness? $\square$ Yes $\square$ No
	If no, please explain:
7.	Is the applicant of good moral character? ☐ Yes ☐ No If no, please explain:
Name	::
Addre	ess:
	Phone #:
Signa	ture: Date:



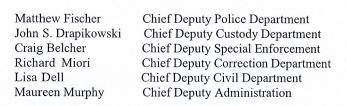
Applicants Name & Address:
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3. Has the applicant been known by any other names? ☐ Yes ☐ No
If yes, please list names:
4. Do you recommend the issuance of a permit? ☐ Yes ☐ No
If no, please explain why:
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Suffered from any mental illness? ☐ Yes ☐ No
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6. Do you attest to the applicant's sobriety, honesty, integrity, and
peacefulness? ☐ Yes ☐ No
If no, please explain:
7. Is the applicant of good moral character? ☐ Yes ☐ No
If no, please explain:
Name:
Address:
Phone #:
Signature: Date:



# Onondaga County Sheriff's Office

Tobias Shelley Sheriff

Jeffrey T. Passino Undersheriff





Sheriff's Office	315-435-3044
Police Department	435-3036
Human Resources	435-1767
Civil Department	435-3060
Correction Department	435-5581
Custody Department	435-1717
Criminal Investigations	435-3081
Police Records	435-3010
Custody Records	435-1782

### AUTHORIZATION FOR RELEASE OF INFORMATION

I,, do her	reby authorize the Veteran's Administration, a	ll branches
of the United States Military active and reserve	e, all law enforcement agencies, all courts (Fa	mily, City,
County, State, Federal), city, state and federal t		
universities, colleges and institutions, to furnish		
available information and copies of records rega		
with regards to issuance and possession of a Gu		Saltaoliity
with regards to issuance and possession of a Gu	mismen Dealer in Thearms Electise.	
I authorize the Onondaga County Sheriff's Of	ffice to make inquiry of my present and past	amplayara
regarding my character, integrity and reputation		employers
regarding my character, integrity and reputation	1.	
NOTE: A photocopy of this authorization shall	he considered as affective and valid as the original	in al
140 TE. A photocopy of this authorization shall	be considered as effective and valid as the orig	ınaı.
Applicant's DOB: A	applicant's SS#:	
Applicant's DOB.	tppncant's 35π	
Signature of applicant:	Date:	
engineering of approach.	Butc.	
Witness name:		
Signature of witness:	Date:	
407 South Stat	te Street Syracuse, NY 13202	