

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/>

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 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. 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 PistolLicenseUnit@ongov.net.

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.

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 **OR** Dealer License - \$35.00

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

NYS Gunsmith – Dealer in Firearms Licenses **ALWAYS** 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.

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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.

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Gunsmith – Dealer Applicant Questionnaire

Please read and answer all questions carefully

Print or Type - **DO NOT SIGN**

1. Have you ever used or been known by any other name(s)? ☐ Yes ☐ No

If yes, name(s): _____

2. Place of Birth: _____ (City, State)

3. Name of Business/Company: _____

Address: _____

4. FFL #: _____

5. FFL Expiration Date: _____

6. List all addresses of residence within the last 5 years:

Current (check)

Address

Approximate Dates

- ☐ _____
☐ _____
☐ _____

****If more room is required, please continue on the back****

7. List all employers/occupations for the last 5 years:

Current (check)

Employer/Occupation

Approximate Dates

- ☐ _____
☐ _____
☐ _____

****If more room is required, please continue on the back****

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 NYS Penal Law.

Signature of Applicant: _____ Date: _____

Departmental Affirmation/Mandatory Criminal History Check

DO NOT SIGN UNTIL APPOINTMENT

I, _____ having submitted an application for a New York State Gunsmith – Dealer in Firearms Application 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 by signing this, I am authorizing the Onondaga County Sheriff’s Office to process and review my background and criminal history. I understand I must disclose **all previous arrests** including anything in my youth, sealed, out of state, appearance tickets, DWI’s, regardless of the outcome.

I understand that the fees are **non-refundable**, 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: _____

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

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

Applicants Name & Address: _____

1. How long have you known the applicant? _____
2. 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? ☐ 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: _____

Address: _____

_____ Phone #: _____

Signature: _____ Date: _____

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Name: _____

Address: _____

Phone #: _____

Signature: _____ Date: _____

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Address: _____

Phone #: _____

Signature: _____ Date: _____

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Onondaga County Sheriff's Office

Tobias Shelley
Sheriff

Jeffrey T. Passino
Undersheriff



Matthew Fischer	Chief Deputy Police Department
John S. Drapikowski	Chief Deputy Custody Department
Craig Belcher	Chief Deputy Special Enforcement
Richard Miori	Chief Deputy Correction Department
Lisa Dell	Chief Deputy Civil Department
Maureen Murphy	Chief Deputy Administration

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 hereby authorize the Veteran's Administration, all branches of the United States Military active and reserve, all law enforcement agencies, all courts (Family, City, County, State, Federal), city, state and federal tax bureaus, welfare and unemployment services, schools, universities, colleges and institutions, to furnish the Onondaga County Sheriff's Office with any and all available information and copies of records regarding me in order that they may determine my suitability with regards to issuance and possession of a Gunsmith – Dealer in Firearms License.

I authorize the Onondaga County Sheriff's Office to make inquiry of my present and past employers regarding my character, integrity and reputation.

NOTE: A photocopy of this authorization shall be considered as effective and valid as the original.

Applicant's DOB: _____ Applicant's SS#: _____

Signature of applicant: _____ Date: _____

Witness name: _____

Signature of witness: _____ Date: _____