

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

Form fields for NYSID NUMBER, LICENSE NUMBER, DATE OF ISSUE (MONTH, DAY, YEAR), LAST NAME, FIRST NAME, MI, MONTH, DAY, YEAR, SEX, RESIDENCE ADDRESS, CITY, VILLAGE, TOWN AND STATE, IF OTHER THAN NEW YORK, 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.

Form fields for ORIGINAL APPLICATION (checkbox), RENEWAL (checkbox), COUNTY OF ISSUE, EXPIRATION DATE (MONTH, DAY, YEAR), DATE OF BIRTH (MONTH, DAY, YEAR), ZIP CODE, CITIZEN OF U.S.A. (checkbox YES/NO).

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

Form fields for STREET ADDRESS OR OTHER LOCATION, CITY, VILLAGE, TOWN, ZIP CODE, BUSINESS TELEPHONE, IS THIS APPLICATION FOR: INDIVIDUAL [checkbox] FIRM [checkbox] COMPANY [checkbox] CORPORATION [checkbox] PARTNERSHIP [checkbox], NAME OF FIRM, COMPANY, CORPORATION OR PARTNERSHIP.

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

Table with 4 columns: LAST, FIRST, MI; STREET ADDRESS; CITY, VILLAGE, TOWN; SIGNATURE. Contains four rows for character references.

HAVE YOU EVER BEEN ARRESTED, SUMMONED, CHARGED OR INDICTED ANYWHERE FOR ANY OFFENSE, INCLUDING DWI (EXCEPT TRAFFIC INFRACTIONS)? [checkbox] YES [checkbox] NO IF YES, FURNISH FOLLOWING INFORMATION:

Table with 4 columns: DATE, POLICE AGENCY, CHARGE, DISPOSITION - COURT AND DATE. Contains one row for offense information.

Series of yes/no questions: 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 THE 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 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 PREMISES, 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

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

SIGNATURE OF INVESTIGATING OFFICER

THIS APPLICATION IS APPROVED - DISAPPROVED (STRIKE OUT ONE)

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.

TITLE AND SIGNATURE OF LICENSING OFFICER _____

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

NYSID NUMBER																					
LICENSE NUMBER																					
DATE OF ISSUE	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 (INS)	WGT (LBS)	EYES	HAIR	RACE	SOCIAL SECURITY NUMBER					PRESENT OCCUPATION					CITIZEN OF U.S.A.						
EMPLOYED BY		NATURE OF BUSINESS					BUSINESS ADDRESS								<input type="checkbox"/> YES <input type="checkbox"/> NO						

ORIGINAL APPLICATION RENEWAL

COUNTY OF ISSUE _____ CODE _____

EXPIRATION DATE _____ MONTH _____ DAY _____ YEAR _____

I HEREBY APPLY FOR A LICENSE AS: GUNSMITH DEALER IN FIRARMS 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 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

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- 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
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PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

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JURAT:
SIGNED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____

AT _____, NEW YORK

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICER ADMINISTERING OATH

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