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	
LICENSE NUMBER	
DATE OF ISSUE	MONTH / DAY / YEAR

PPB-6 (REV. 03/11)

STATE OF NEW YORK

APPLICATION FOR LICENSE AS GUNSMITH –DEALER IN FIREARMS

ORIGINAL APPLICATION ☐ **RENEWAL** ☐

COUNTY OF ISSUE | CODE

EXPIRATION DATE | MONTH / DAY / YEAR

LAST NAME | FIRST NAME | MI | DATE OF BIRTH: 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

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 ☐ 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

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 ACCORANCE WITH PENAL LAW SECION 400.00 SUBD. 8.
2. ANY LICENSE ISSUED AS A RESLUT 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

PPB6/PPB6A

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)

TITLE AND SIGNATURE OF LICENSING OFFICER

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EXPIRATION DATE | MONTH / DAY / YEAR

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