



## DEALER INSTRUCTIONS

### PLEASE READ INSTRUCTIONS CAREFULLY AND COMPLETE ALL STEPS BEFORE SUBMITTING

1. Use black only. Please print all information required and provide a copy of your driver's license and social security card (or w-2 showing your full social security number). Also, a copy of your pistol permit.
2. If applicant is a firm, partnership or corporation- each person must apply separately.
3. The applicant's signature must be acknowledged on all forms by either a notary or commissioner of deeds. The jurat is for the notary or commission of deeds signature.
4. Please submit a passport style photographs, with your application. Photos can be either black and white or color.
5. Your four-character references must live in Erie county. They must sign their names on the application. Character references cannot be relatives and cannot be employed by the Erie county sheriff's office. Please complete all information requested on the character reference sheet.
6. If you have been arrested or charged for any offense except minor traffic infractions (speeding or stop signs), submit a certificate of disposition with your application, even if previously submitted. Certificates of disposition can be obtained from the court where your case was heard. Certificates of disposition can be obtained from the court where your case was heard.
7. Please bring your completed application to 92 Franklin St. Buffalo, NY 14202 \*don't accept by mail\*
8. Fingerprints: you must be fingerprinted before submitting your dealer application and your fingerprints should be done no more than 30 days before your submission.
  - a. Book a fingerprint appointment at <https://uenroll.identogo.com/workflows/151z1g>
  - b. Or call 1-877-472-6915 (service code 151z1g)
9. All applications require a copy of your current FFL, current NYS dealers license (if renewing)
10. The applicant's signature and address, directly above the section labeled "investigation report"
11. Any questions should be directed to the pistol permit dept. At 716-858-8785, option 3.



# 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
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*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)       Gunsmith       Dealer in Firearms

Business Telephone	Address or Other Location (Street #, Street Name, Apartment Number, City, State, Zip Code)

Is this application for: (Check one)       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 (Street #, Name, Apartment #, City, State, Zip Code)	Signature

# State of New York

## Application For License as Gunsmith-Dealer In Firearms

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 SECION 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**





Date of Finger Prints

# ERIE COUNTY PPA-4R

Police Agency

Official use Only

Official use Only

## APPLICANT INFORMATION

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address (INCL City, State & Zip)		Home Number	Cell Number
Mailing Address (if different)		Work Number	
Email Address		Country of Birth	
Employer	Job Title		

## CHARACTER REFERENCES

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

Full Name		Maiden Name (if applicable)	Date of Birth
Full Address			
Home Number	Cell Number	Work Number	

Pursuant to Section 400.00, Subdivision 4 of the New York State Penal Law, we are hereby requesting information regarding any previous or present mental illness of the following pistol permit applicant:  
Pursuant to the FBI Privacy Act Statement and the 28 CFR 50.12 notice, you are hereby acknowledging you have received such information:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_