



STATE OF WASHINGTON
**FIREARMS DEALER
 LICENSE APPLICATION**

- Pistol Dealer
 Firearms Other Than Pistols
 Ammunition Dealer

OFFICE USE ONLY	
IDENTIFICATION NO.	_____
SID NO.	_____
FBI NO.	_____

SECTION A – FIREARMS DEALER INFORMATION

FULL NAME OF FIREARMS DEALER COMPANY/CORPORATION/OWNER AGENT			
BUSINESS ADDRESS (INCLUDE PHYSICAL AND POST OFFICE BOX ADDRESSES)			
CITY	STATE	ZIP	COUNTY
TYPE OF IDENTIFICATION (DRIVER LICENSE, ETC.)		IDENTIFICATION NO.	
FEDERAL FIREARMS LICENSE NO.		EXPIRATION DATE	
BUSINESS TELEPHONE NO. ()	WASHINGTON UBI NO. (16 DIGITS)	PREVIOUS DEALER LICENSE EXP. DATE	

SECTION B – INDIVIDUAL/AGENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME					
LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN (E.G., MAIDEN NAME)							
RESIDENCE ADDRESS							
CITY	STATE	ZIP	COUNTY				
DATE OF BIRTH (MM/DD/YYYY)	AGE	RACE	GENDER	HEIGHT	WEIGHT	EYES	HAIR
LIST TYPE AND LOCATION OF ALL MARKS, SCARS, AND TATTOOS							
HAVE YOU BEEN A RESIDENT OF WASHINGTON STATE FOR THE LAST 90 DAYS?				RESIDENCE TELEPHONE NO. (OPTIONAL) ()			
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	PLACE OF BIRTH						

NOTE: If you are not a U.S. citizen, you are required by law (RCW9.41.170) to obtain an Alien Firearms License from the Department of Licensing allowing you to possess a firearm. If applicable, do you possess such a license? No Yes – If yes, enter your Alien Firearms License No. _____ Exp. Date _____ Alien Registration/I-94 No. _____

WASHINGTON STATE PROHIBITIVE CRIMES

- Conviction or adjudication for any felony offense in this state or elsewhere.
- Any of the following crimes when committed by one family or household member against another, committed on or after July 1, 1993:
 - Assault in the fourth degree;
 - Coercion;
 - Stalking;
 - Reckless endangerment in the second degree;
 - Criminal trespass in the first degree;
 - Violation of the provisions of a protection order or no-contact order restraining the person or excluding the person from a residence.

SECTION C – PROHIBITIVE QUESTIONS

- Have you ever been convicted in adult court or adjudicated in a juvenile court in this state or elsewhere of one of the prohibitive crimes described above? Yes No
- Are you now on bond or personal recognizance pending trial, appeal, or sentence for any serious offense, as defined in RCW 9.41.010? Yes No
- Are you the subject of an outstanding arrest warrant from any court for any crime? Yes No
- Have you been convicted of three or more violations of Washington's firearms laws within any five-year period? Yes No
- Have you had a firearm forfeited within the past year for a drug or alcohol incident pursuant to RCW 9.41.098(1)(e)? Yes No
- Are you under a court order or an injunction concerning the possession of a firearm? Yes No
- Is your concealed pistol license, if any, in a revoked status? Yes No
- Have you ever been confined in a mental health facility for more than fourteen days for treatment, or committed as criminally insane? Yes No

If you answered yes to any of the above questions, but believe you are nonetheless eligible for a license, attach a list of dates and circumstances including copies of any applicable pardons, certificates of rehabilitation, or court orders.

SECTION D – DEALER REQUIREMENT INFORMATION

RCW 9.41.110 Section 5(b) *A dealer shall require every employee who may sell a firearm in the course of his or her employment to undergo fingerprinting and a background check. An employee must be eligible to possess a firearm, and must not have been convicted of a crime that would make the person ineligible for a concealed pistol license, before being permitted to sell a firearm. Every employee shall comply with requirements concerning purchase applications and restrictions on delivery of pistols that are applicable to dealers.*

Initial to confirm that this section has been read and understood **X** _____

SECTION E – APPLICANT SIGNATURE

Note: A signed application for a firearms dealer license shall constitute a waiver of confidentiality and written request that the Department of Social and Health Services, as well as mental health institutions and other health care facilities, release information relevant to the applicant's eligibility for a firearms dealer license to an inquiring court or law enforcement agency.

I certify, or declare under penalty of perjury under the laws of the state of Washington, that the foregoing is true and accurate.

X _____ DATE _____
APPLICANT'S SIGNATURE

LOCAL LAW ENFORCEMENT USE ONLY

DATA BASE	DATE	CHECKED BY
<input type="checkbox"/> WASIS/NCIC III	_____	_____
<input type="checkbox"/> WACIC/NCIC	_____	_____
<input type="checkbox"/> Warrant File	_____	_____
<input type="checkbox"/> DOL Firearms File	_____	_____
<input type="checkbox"/> DSHS	_____	_____
<input type="checkbox"/> Local Check	_____	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By _____ Date _____