



Firearm Dealer License Application INFORMATION SHEET

Requirements of each applicant:

- Must be at least 21 years old
- Must complete this application in its entirety
- Must provide the following items at time of application submittal:
 - Valid state driver's license or state ID (any state) ****passports will not be accepted in lieu of the state ID or license**
 - Original Washington State Business License for dealership
 - Original Federal Firearm License
 - Payment in the form of business check with business name preprinted on check or money order
 - o made payable to: **Washington State Treasurer**

Fees are as follows: Original Application: \$125.00 (Made payable to Washington State Treasurer)
Replacement: NO CHARGE

****All fees are non-refundable****

Eligibility: Before submitting your application, please review the following information regarding license and firearm eligibility.

If you have had any of the following as an adult or a juvenile, you may be ineligible to possess:

| | Is possession of any firearm allowed? | Is possession of a concealed pistol license allowed? |
|---|---|---|
| Any Washington State Class B or Class C FELONY conviction (whether juvenile or adult) without a VALID Order of Restoration of Firearm Rights issued per RCW 9.41.040(4) | NO | NO |
| Any MISDEMEANOR Crime involving Domestic Violence which meets the definition in RCW 26.50.010 and/or RCW 10.99.020 and which occurred on or after July 1, 1993 without a VALID Order of Restoration of Firearm Rights per RCW 9.41.040(4) | NO ** further research may be required by staff to confirm eligibility ** | NO ** further research may be required by staff to confirm eligibility ** |
| Any OUT OF STATE Felony Conviction Without VALID Order of Restoration of Firearm Rights FROM THAT STATE (if applicable) | NO | NO |
| Any OUT OF STATE Non-Felony Conviction | RESEARCH MAY BE REQUIRED | RESEARCH MAY BE REQUIRED |

**** FOR MORE INFORMATION, PLEASE REVIEW INFORMATION ON BACK SIDE OF THIS PAGE ****

A person is eligible to possess if he or she has received a Governor Pardon from the state of record, or a Presidential Pardon or has had his or her firearm rights restored specifically for that crime (or crimes) by the appropriate court per RCW 9.41.040(4) or the equivalent according to the state in which the prohibitor exists. Certificates of Rehabilitation issued by Washington courts per RCW 9.41.040(3) do not restore firearm rights. The restoration must be made under RCW 9.41.040(4).

Local laws and ordinances on firearms are preempted by state laws and must be consistent with state law. Although state and local laws do not differ, federal law and state law in regard to the possession of firearms may differ. You may be prosecuted in federal court if you are prohibited by federal law from possession of a firearm. A state license is not a defense to a federal prosecution.

Washington State Prohibitive Crimes/Convictions:

- Convictions or adjudications for any felony offense in this state or elsewhere. Felony means any felony offense under the laws of this state or of any federal or out-of-state offense that is comparable to a felony offense under the laws of Washington
- Prohibitive crimes “Dismissed” after a guilty plea, or a guilty verdict, or a Deferred Sentence, or a Deferred Disposition, and/or Suspended Imposition of Sentence may still be prohibitive
- An Order to Vacate a Conviction does NOT automatically reinstate firearm rights. Rights must be restored per RCW 9.41.040(4) or per the state law in which the conviction occurred
- An Order to Seal a Juvenile Conviction in the State of Washington does NOT automatically reinstate firearm rights. Rights must be restored per RCW 9.41.040(4) by any Superior Court in the State of Washington
- Crimes involving Domestic Violence that occurred on or after July 1, 1993 are prohibitive when they meet the definition cited within RCW 26.50.010 and/or RCW 10.99.020
These include:
 - Assault in the fourth degree
 - Coercion
 - Stalking
 - Reckless endangerment
 - Criminal Trespass in the first degree
 - Violation of the provisions of a protection order or no-contact order that restrains or excludes the person from a residence
 - Harassment (only if occurred on or after 06/07/2018)

Federal law prohibits the following person from receiving a concealed pistol license or a firearm of any kind:

- Anyone who is an unlawful user of, or is addicted to, narcotics or other controlled substances (**please note: Although the use of marijuana and the possession of marijuana as less than 40 grams is legal in the state of Washington, possession, admission of use, or being under the influence of marijuana when contacted by a law enforcement officer will cause you to be federally prohibited for at least 1 (one) year from date of contact)
- Anyone who is of unsound mind, is adjudicated as mentally defective, or who has been involuntarily committed to a mental institution (per state and/or federal statutes)
- Anyone who has been dishonorably discharged from the Armed Forces
- Anyone who is an alien and is in the U.S. illegally or unlawfully
- Anyone who has renounced his or her U.S. citizenship
- Anyone convicted of, or under indictment/information for a felony crime punishable by imprisonment for a term that is longer than one year
- Anyone that is a fugitive from justice
- Any person who was convicted of a class A felony (a crime for which you could have received a term of 20 years or more imprisonment) and has not obtained a Governor Pardon from the State of Conviction or a Presidential Pardon.



FIREARM DEALER LICENSE APPLICATION

To All Applicants:
THIS APPLICATION IS STRICTLY FOR USE WHEN APPLYING WITH
KING COUNTY SHERIFF'S OFFICE EMPLOYEES

I intend to deal in: (please check ALL that apply)

- Pistols Firearms other than pistols Ammunition

Name: (Last name, First name, Middle name)

Have your used any other names legally (Maiden name, nickname used officially, legally changed, etc.)?
If yes, please provide below: _____ If not, initial here - NONE: _____
INITIAL HERE

PRINT LEGIBLY: (AKA) LAST (AKA) FIRST (AKA) MIDDLE

PRINT LEGIBLY: (AKA) LAST (AKA) FIRST (AKA) MIDDLE

Physical Address: (where you reside) - required information

Residence _____ City _____ State _____ Zip code _____ County _____

Date of Birth: _____ Place of Birth: _____
Month /Date/Year City & State or Country (if outside U.S.)

Driver's License or State ID Number: _____ State of Issuance: _____

Phone Number: _____ Gender: Male Female Non-binary

Height: _____ feet _____ inches Weight: _____ pounds Eye Color: _____ Hair Color: _____

Race: (please check one) American Indian, Eskimo or Alaska Native Black
 Asian or Pacific Islander White

Name of Firearm Dealer Company/Corporation

Physical Address: (where business is conducted)

Business Location _____ City _____ State _____ Zip code _____

Mailing Address (if different from business location) _____ City _____ State _____ Zip code _____

Business Phone Number: _____ Washington UBI number: _____

Federal Firearm Dealer Number: _____ Expiration Date: _____

Business Email Address: _____

If you answered yes to any of the questions (numbered 3-16), but still believe you are eligible for a license, please provide any applicable State Pardons, Orders of Restoration of Firearm Rights per RCW 9.41.040(4), or any court documents that will clearly define your eligibility prior to submittal of this application.

Signing this application authorizes the Department of Social and Health Services, as well as mental-health institutions and other health-care facilities, to release information relevant to your eligibility for a Concealed Pistol License to an inquiring court or law enforcement agency.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ X _____
Date Applicant's signature

KING COUNTY SHERIFF'S OFFICE USE ONLY

Initials & PeopleSoft ID# Required: _____ Date of Query: _____

OMNIXX MASTER QUERY (circle one): NO RECORDS RECORDS FOUND (document below)

WA STATE ID#: _____ OTHER STATE ID#: _____

Initials Required: _____ Initials Required: _____

FBI#: _____ JCN#: _____

Initials Required: _____ Initials Required: _____

WARRANT and/or PROTECTION (circle one): NONE YES (print out copy of response & attach)

DOL Firearms: NO RECORD

| CPL LICENSE # | EXPIRATION | ISSUING AGENCY |
|---------------|------------|----------------|
|---------------|------------|----------------|

Driver's License Status: _____ Social Security #: _____

IAQ RESULTS (print out results): _____
RESULTS Initials/Date

Fingerprint Results (circle one): _____ CLEAR NO PROHIBITOR PROHIBITOR
DATE & INITIALS

HCA Results (circle one): _____ CLEAR PROHIBITOR
DATE RECEIVED Initials/Date

DISTRICT/MUNICIPAL COURT RESULTS (JABS):

SUPERIOR COURT RESULTS (adult and/or juvenile) (JABS & JIMS):

Approved

Denied

Initials, PeopleSoft ID# (or stamp)

Date