

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
 - O 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

□ Pis	tole □ I	Firearms other than pis	tole	☐ Ammunition	
□ F13		i ileanins other than pis	itois	_ Allinalidon	
lame: (Last name, First name, M	iddle name)				
Have your used any other name f yes, please provide below:	es legally (Ma	iden name, nickname used		gally changed, etc.)? not, initial here - NC	NE:INITIAL HERE
PRINT LEGIBLY: (AKA) LAST		(AKA) FIRST		(AKA) MIDDLE	
PRINT LEGIBLY: (AKA) LAST		(AKA) FIRST		(AKA) MIDDLE	
Physical Address: (where you re	eside) - require	ed information			
Residence		City	State	Zip code	County
Date of Birth:		Place of Birth:			
Month /Dat	te/Year		City & S	State or Country (if o	utside U.S.)
Oriver's License or State ID Nur	nber:	State of Issuance:			
Phone Number:			Gend	er: □ Male □ Femal	e □ Non-binary
Height:feetinches	Weight:	pounds Eye Color:		Hair Color:	<u>.</u>
Race: (please check one)		Indian, Eskimo or Alaska Pacific Islander	a Native	☐ Black ☐ White	
Name of Firearm Dealer Compa	ny/Corporati	on			
Physical Address: (where busine	ess is conduct	red)			
Business Location		City		State	Zip code
Mailing Address (if different from	business loca	ation) City		State	Zip cod
Business Phone Number:		Washington U	IBI numbe	r:	
Federal Firearm Dealer Number:			Expiration Date:		
Business Email Address:					

Have you been a resident of Washington State for the last consecutive 90 days?					
Are y	Are you a US Citizen? (If yes, please mark yes (x) then go to next page)				
	 If not, what is your country of citizenship? If you are not a US citizen but are temporarily residing in Washington, in order to legally possess a firearm you are required to obtain a valid Alien Firearm License. Do you possess such a license? If yes, what is your Alien Firearm License number and expiration? 				
		Number expiration Month/Day/Year	-		
lf you	are NOT a US citizen and	are here on a VISA, what is your I-94#?	-		
If you are NOT a US citizen, are you a Permanent Resident? If yes, what is your A# or USCIS#?:					
1.	1. Have you read or reviewed the Information FAQ Sheet included with this application (pages 1 & 2)?				
2.	 Have you used any other names (AKA, Maiden, Legally Changed, etc.)? If yes, please document on page 1. ** Please note: Failure to provide this information may cause you to be Permanently Ineligible to Possess a License Per RCW 9.41.070(12) 				
3.	Have you ever been convicted in adult court or adjudicated in a juvenile court, in this state or elsewhere of any of the crimes listed on the Information Sheet? (refer to pages 1 & 2 of this application packet)				
4.	Are you now on bond or personal recognizance pending trial, appeal or sentence for any serious offenses as defined in RCW 9.41.010 or for any felony crime where the judge can imprison you for more than one year?				
5.	Are you the subject of an o	outstanding arrest warrant from any court for any crime?	Yes □ No □		
6.	Have you been convicted of three or more violations of Washington's firearms laws within any five-year period?				
7.	Are you an unlawful user of, or addicted to marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?				
8.	Have you had a firearm forfeited within the past year for a drug or alcohol incident pursuant to RCW 9.41.098(1)(e)?				
9.	Are you under a court orde	er or an injunction concerning the possession of a firearm?	Yes □ No □		
10.	Is your concealed pistol lic	cense, if any, in revoked status?	Yes □ No □		
11.	. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?				
12.	Have you been discharged	d from the Armed Forces under dishonorable conditions?	Yes □ No □		
13.	3. Are you the subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner (current or previous relationship)?				
14.	14. Have you been convicted in any court of a misdemeanor crime involving domestic violence?				
15.	Have you ever renounced	your United States citizenship?	Yes □ No □		
16.	Are you an alien illegally ir	n the United States?	Yes □ No □		
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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 Applicant's signature Date 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: 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): Fingerprint Results (circle one):

DATE & INITIALS ___ CLEAR NO PROHIBITOR PROHIBITOR 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