



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 you 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: _____

Have you been a resident of Washington State for the last consecutive 90 days? Yes ☐ No ☐

Are you a US Citizen? (If yes, please mark yes (x) then go to Question #1) Yes ☐ No ☐

- 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? Yes ☐ No ☐

- If yes, what is your Alien Firearm License number and expiration?

Number _____ expiration Month/Day/Year _____

If 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? Yes ☐ No ☐

- If yes, what is your A# or USCIS#? : _____

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1. Have you read the FBI Fingerprint Privacy Act Statement provided to you? Yes ☐ No ☐
 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)** Yes ☐ No ☐
 3. Have you ever been convicted in any adult or juvenile court, in this state or elsewhere, of a crime that may cause you to be ineligible to possess any firearm or firearm license? Yes ☐ No ☐
 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? Yes ☐ No ☐
 5. Are you the subject of an 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? Yes ☐ No ☐
 7. 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 ☐
 8. Are you under a court order or an injunction concerning the possession of a firearm? Yes ☐ No ☐
 9. Is your concealed pistol license, if any, in revoked status? Yes ☐ No ☐
 10. 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? Yes ☐ No ☐
 11. Have you been discharged from the Armed Forces under dishonorable conditions? Yes ☐ No ☐
 12. 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)? Yes ☐ No ☐
 13. Have you been convicted in any court of a misdemeanor crime involving domestic violence? Yes ☐ No ☐
 14. Have you ever renounced your United States citizenship? Yes ☐ No ☐
 15. Are you an alien illegally in the United States? Yes ☐ No ☐

If you answered yes to any of the questions (numbered 3-15), 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.

Date

X

Applicant's signature

Language Assistance:
Free translation and interpretation services are available. To request these services, please inform the staff assisting you.

KING COUNTY SHERIFF'S OFFICE USE ONLY

Initials & PeopleSoft#: _____

Date of Query: _____

QUERY RESULTS (circle one): **NO RECORDS**

RECORDS FOUND (documented below)

WA STATE ID#: _____

FBI#: _____

OTHER STATE ID#: _____

OTHER STATE ID#: _____

OTHER STATE ID#: _____

JCN#: _____

ACTIVE WARRANT(circle one): **NONE**

YES (print out response & attach)

ACTIVE PROTECTION ORDER (circle one): **NONE**

YES (print out response & attach)

DOL FIREARMS: **NO RECORD**

CPL LICENSE# EXPIRATION DATE ISSUING AGENCY

AFL LICENSE# EXPIRATION DATE ISSUING AGENCY

DRIVER'S LICENSE STATUS: _____

SOCIAL SECURITY #: _____

IAQ RESULTS (print out response & attach): _____

Fingerprint Results (circle one): _____

Date of Response

CLEAR NO PROHIBITOR **PROHIBITOR**

HCA Results (circle one): _____

Date of Response

CLEAR **PROHIBITOR**

JABS:

JIMS:

Approved () Denied ()

Initials, PeopleSoft# (or stamp)

Date Completed