

Montgomery County Sheriff's Office
Civil Division
PO Box 432
Fultonville, NY 12072
518-853-5515 or 518-853-5525

Paperwork needed for Dealer/Gunsmith Applications

- 2 – Applications for Dealer (Applications must be double-sided)
- 2 – Additional applications if also applying for Gunsmith (Applications must be double-sided)
- 1 – Money order in the amount of \$10.00 payable to Montgomery County Clerk
- 1 – Additional \$10.00 money order payable to Montgomery County Clerk if also applying for Gunsmith
 - Fingerprinting done by Morpho Trust USA. See attached directions
- 2 or 4 – Photographs 1 1/2 inch by 1 1/2 inch all from the same negative
- 4 – Reference forms. Each reference must complete their reference form and have their signature notarized. These references should reside in Montgomery County. The references should mail their reference forms to the Sheriff's Office prior to your appointment to have your paperwork reviewed. The Civil Office will retain the reference letters for a period of six months.

After you have the money order(s), your photos, applications filled out and notarized and prints done by IdentoGo by Morpho Trust USA, contact the Montgomery County Sheriff's Civil Office in Fultonville for an appointment to have your paperwork reviewed. Appointments are by phone, by calling (518) 853-5516 (Monday – Friday 8:30 am – 4 pm).

After all necessary paperwork has been received and approved by the Montgomery County Judge, you will receive a call from the Montgomery County Clerk's Office.

Renewals

Every three years you need 2 or 4 applications depending upon if applying for dealer alone or both dealer and gunsmith. One \$10.00 money order, payable to Montgomery County Clerk, is needed for dealer, and an additional \$10.00 money order is needed if also renewing for gunsmith.

*** No photos or fingerprints are necessary.

Every six years requires fingerprints, two or four new photographs (1 1/2 inch by 1 1/2 inch from the same negative), and 2 or 4 new applications. One or two \$10.00 money orders payable to Montgomery County Clerk and fingerprinting done by Morpho Trust USA.

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.

INSTRUCTIONS: Print or Type in black ink only

Form header and personal information section including NYSID NUMBER, LICENSE NUMBER, DATE OF ISSUE, STATE OF NEW YORK APPLICATION FOR LICENSE AS GUNSMITH-DEALER IN FIREARMS, ORIGINAL APPLICATION, RENEWAL, COUNTY OF ISSUE, EXPIRATION DATE, LAST NAME, FIRST NAME, MI, MONTH, DAY, YEAR, SEX, RESIDENCE ADDRESS, CITY/VILLAGE/TOWN AND STATE, ZIP CODE, HGT, WGT, EYES, HAIR, RACE, SOCIAL SECURITY NUMBER, PRESENT OCCUPATION, CITIZEN OF U.S.A., EMPLOYED BY, NATURE OF BUSINESS, BUSINESS ADDRESS.

I HEREBY APPLY FOR A LICENSE AS : GUNSMITH [] DEALER IN FIREARMS [] CHECK ONE OR BOTH AS APPLICABLE TO CONDUCT BUSINESS AT

Form section for address and business information including STREET ADDRESS OR OTHER LOCATION, CITY, VILLAGE, TOWN, ZIP CODE, BUSINESS TELEPHONE, IS THIS APPLICATION FOR: INDIVIDUAL [] FIRM [] COMPANY [] CORPORATION [] PARTNERSHIP [], NAME OF FIRM, COMPANY, CORPORATION OR PARTNERSHIP, ZIP CODE.

GIVE FOUR CHARACTER REFERENCES WHO BY THEIR SIGNATURE ATTEST TO YOUR GOOD MORAL CHARACTER

Table with 4 columns: LAST, FIRST, MI; STREET ADDRESS; CITY, VILLAGE, TOWN; SIGNATURE. Contains four rows for character references.

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:

Table with 4 columns: DATE; POLICE AGENCY; CHARGE; DISPOSITION - COURT AND DATE. Contains one row for offense information.

HAVE YOU EVER BEEN TERMINATED/ DISCHARGED FROM ANY EMPLOYMENT OR THE ARMED FORCES FOR CAUSE? [] YES [] NO

HAVE YOU EVER UNDERGONE TREATMENT FOR ALCOHOLISM OR DRUG USE? [] YES [] NO

HAVE YOU EVER SUFFERED ANY MENTAL ILLNESS, OR BEEN CONFINED TO ANY HOSPITAL, PUBLIC OR PRIVATE INSTITUTION, FOR MENTAL ILLNESS? [] YES [] NO

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? [] YES [] NO

DO YOU HAVE ANY PHYSICAL CONDITION WHICH COULD INTERFERE WITH THE SAFE AND PROPER HANDLING OF A FIREARM? [] YES [] NO

HAVE YOU EVER BEEN CHARGED, PETITIONED AGAINST, A RESPONDENT, OR OTHERWISE BEEN A SUBJECT OF A PROCEEDING IN FAMILY COURT? [] YES [] NO

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

PHOTOGRAPH OF APPLICANT TAKEN WITHIN 30 DAYS

FULL FACE ONLY

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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.
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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 BEFORE ME

THIS _____ DAY OF _____, 20 _____

AT _____, NEW YORK

SIGNATURE OF APPLICANT

SIGNATURE OF OFFICER ADMINISTERING OATH

IF APPLICANT IS A FIRM OR PARTNERSHIP, THE APPLICATION MUST BE SIGNED AND VERIFIED BY EACH INDIVIDUAL COMPOSING OR INTENDING TO COMPOSE SUCH FIRM OR PARTNERSHIP.

NAME	TITLE	NAME	TITLE
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IF THE APPLICANT IS A CORPORATION, THE FOLLOWING INFORMATION IS NECESSARY:

SIGNATURE OF PRESIDENT _____
SIGNATURE OF SECRETARY _____
SIGNATURE OF TREASURER _____
NAME OF CORPORATION _____ DATE AND PLACE OF INCORPORATION _____
LOCATION OF PRINCIPAL PLACE OF BUSINESS _____
STREET CITY COUNTY STATE

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6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS

TAKEN BY: NAME RANK SHIELD DATE

APPLICANT'S SIGNATURE AND ADDRESS:

INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME RANK ORGANIZATION

THIS APPLICATION IS APPROVED – DISAPPROVED (STRIKE OUT ONE)

TITLE AND SIGNATURE OF LICENSING OFFICER

SIGNATURE OF INVESTIGATING OFFICER

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Series of yes/no questions: 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 THE 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 ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:

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SIGNATURE OF PRESIDENT _____
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NAME OF CORPORATION _____ DATE AND PLACE OF INCORPORATION _____
LOCATION OF PRINCIPAL PLACE OF BUSINESS _____
STREET CITY COUNTY STATE

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PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS

TAKEN BY: NAME RANK SHIELD DATE

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Applicant information section including LAST NAME, FIRST NAME, MI, MONTH, DAY, YEAR, SEX, RESIDENCE ADDRESS, CITY/VILLAGE/TOWN AND STATE, ZIP CODE, HGT, WGT, EYES, HAIR, RACE, SOCIAL SECURITY NUMBER, PRESENT OCCUPATION, CITIZEN OF U.S.A., EMPLOYED BY, NATURE OF BUSINESS, BUSINESS ADDRESS.

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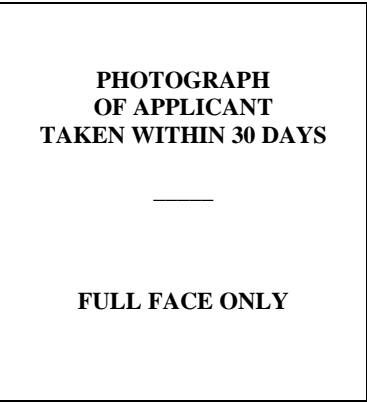
Table for character references with columns: LAST, FIRST, MI; STREET ADDRESS; CITY, VILLAGE, TOWN; SIGNATURE.

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Table for offense information with columns: DATE, POLICE AGENCY, CHARGE, DISPOSITION - COURT AND DATE.

Series of yes/no questions regarding employment termination, alcoholism/drug use, mental illness, previous licenses, physical conditions, and family court proceedings.

IF ANSWER TO ANY QUESTION IS YES, EXPLAIN HERE:



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SIGNATURE OF TREASURER _____
NAME OF CORPORATION _____ DATE AND PLACE OF INCORPORATION _____
LOCATION OF PRINCIPAL PLACE OF BUSINESS _____
STREET CITY COUNTY STATE

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IMPRESSIONS

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Instructions for Fingerprinting at an Identogo by MorphoTrust USA Live Scan Location

- 1) Select the most convenient location to get fingerprinted by logging on to www.Indentogo.com. Select NY then click “locations” to view the listing. You may schedule an appointment using the website which is available 24/7/365 or you may call the toll free call center at (877)-472-6915 which is available 9:00 a.m. – 9:00 p.m. Monday through Saturday. The correct “fingerprint reason” to select when you schedule your appointment is pistol license. You will also have to provide the ORI number assigned to Montgomery County, which is NY0280000. When you schedule your appointment through Identogo we recommend you print the confirmation page and bring it with you to your appointment. There will be a fingerprinting fee. Contact MorphoTrust for current fees and payment options.
- 2) You will be provided two receipts indicating your name, fingerprinting site location, date and time, fee paid and reason for fingerprinting. You **must provide one of those receipts to the Montgomery County Sheriff’s Civil Division** and retain the other copy for your records.
- 3) Should either DCJS or the FBI reject a transaction due to image quality reasons, Identogo by Morpho Trust USA will contact you and advise you that you must schedule an appointment for reprinting. There is no additional cost that will be charged for reprinting. There will be a small percentage of the population (3-5%) that have difficulties in providing a good set of prints due to the quality of their skin/fingerprint ridges.

Dear Sir or Madam,

The following individual has applied for a pistol permit or firearms dealer's license in Montgomery County and has listed you as a character reference. Would you please take the time to fill out this questionnaire so that it can be included with the other information regarding this individual? When completed, please return it to us and be assured that all the responses are held in the strictest confidence. If more room is required for additional comments, please feel free to use the reverse side of this form.

Please print name, address and phone number of reference: _____

Home phone # _____

Cell phone # _____

Return to:
Montgomery County Sheriff
Civil Division
PO Box 432
Fultonville, NY 12072

Name of applicant _____

Date of Birth: _____

1) How long have you known the applicant? _____

2) What is the nature of your relationship? (Friend, neighbor, employee etc) _____

3) Do you consider the applicant a responsible person? Yes ___ No ___

4) Has the applicant ever become violent, or acted in a manner that is harmful to himself or to others? Yes ___ No ___ If yes, please explain _____

5) Have you ever known the applicant to have a drinking or substance abuse problem? Yes ___ No ___ If yes, please explain _____

6) Is there a reason you feel the applicant should not be granted a permit? Yes ___ No ___ If yes, please explain _____

7) Would you recommend the applicant be issued a permit to carry a handgun? Yes ___ No ___

8) Do you reside in Montgomery County? Yes ___ No ___ If yes, how long _____
If no, what county do you reside in? _____ How long _____

9) What is your current occupation? _____

10) How long have you been employed with your present employer? _____

_____ Signature

Sworn to before me, this _____
Day of _____, 20 _____

Notary Public – State of New York

NOTICE
Offering a false instrument for filing is punishable as a Class "A" Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

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2) What is the nature of your relationship? (Friend, neighbor, employee etc) _____

3) Do you consider the applicant a responsible person? Yes ___ No ___

4) Has the applicant ever become violent, or acted in a manner that is harmful to himself or to others? Yes ___ No ___ If yes, please explain _____

5) Have you ever known the applicant to have a drinking or substance abuse problem? Yes ___ No ___ If yes, please explain _____

6) Is there a reason you feel the applicant should not be granted a permit? Yes ___ No ___ If yes, please explain _____

7) Would you recommend the applicant be issued a permit to carry a handgun? Yes ___ No ___

8) Do you reside in Montgomery County? Yes ___ No ___ If yes, how long _____
If no, what county do you reside in? _____ How long _____

9) What is your current occupation? _____

10) How long have you been employed with your present employer? _____

_____ Signature

Sworn to before me, this _____
Day of _____, 20 _____

Notary Public – State of New York

NOTICE
Offering a false instrument for filing is punishable as a Class "A" Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Dear Sir or Madam,

The following individual has applied for a pistol permit or firearms dealer's license in Montgomery County and has listed you as a character reference. Would you please take the time to fill out this questionnaire so that it can be included with the other information regarding this individual? When completed, please return it to us and be assured that all the responses are held in the strictest confidence. If more room is required for additional comments, please feel free to use the reverse side of this form.

Please print name, address and phone number
of reference: _____

Home phone # _____

Cell phone # _____

Return to:
Montgomery County Sheriff
Civil Division
PO Box 432
Fultonville, NY 12072

Name of applicant _____

Date of Birth: _____

1) How long have you known the applicant? _____

2) What is the nature of your relationship? (Friend, neighbor, employee etc) _____

3) Do you consider the applicant a responsible person? Yes ___ No ___

4) Has the applicant ever become violent, or acted in a manner that is harmful to himself or to others? Yes ___ No ___ If yes, please explain _____

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