WASHINGTON STATE DEPARTMENT OF LICENSING

Firearms Dealer License Application

Office use only
ID number _____
SID number _____
FBI number _____

I intend to deal in: *(check all that apply)*
- ☐ Pistols
- ☐ Firearms other than pistols
- ☐ Ammunition

Firearms dealer information

Full name of firearms dealer company/corporation/owner agent			
Business address *(include physical and Post Office box addresses)*			
City	State	ZIP code	County
Type of identification *(driver license, etc.)*	Identification number		
Federal firearms license number	Expiration date		
10-digit business phone number	Washington UBI number *(16 digits)*	Previous dealer license expiration date	

Individual/Agent information

PRINT or **TYPE** Name *(Last,First,Middle)*							
List any other names by which you have been known *(maiden name, alias, etc.)*							
Residential address							
City			State	ZIP code	County		
Date of birth *(mm/dd/yyyy)*	Age	Race	Gender ☐ Male ☐ Female ☐ Non-binary	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? ☐ Yes ☐ No	10-digit home phone number *(optional)*						
Are you a U.S. citizen? ☐ Yes ☐ No	Place of birth (city, state, or province and country)						
If you are not a U.S. citizen, to legally possess a firearm you are required to get an alien firearms license (RCW 9.41.170). Do you possess such a license? ☐ Yes ☐ No							
If you possess an alien firearms license, enter the license number, expiration date, and Alien Registration/I-94 number							

1. 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 on page 2 of this form? . . . . . ☐ Yes ☐ No
2. 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
3. Are you the subject of an outstanding arrest warrant from any court for any crime? . . . . . ☐ Yes ☐ No
4. Have you been convicted of three or more violations of Washington's firearms laws within any five-year period? . . . . . ☐ Yes ☐ No
5. 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
6. Are you under a court order or an injunction concerning the possession of a firearm? . . . . . ☐ Yes ☐ No
7. Is your concealed pistol license, if any, in a revoked status? . . . . . ☐ Yes ☐ No
8. Have you ever been confined in a mental-health facility for more than fourteen days for treatment, or been committed as criminally insane? . . . . . ☐ Yes ☐ No

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

signature required on page 2

Dealer requirement information

RCW 9.41.1135(1) requires all firearm dealers within the state to use the Washington State Patrol Secure Automated Firearms E-Check (SAFE) system to conduct background checks for all firearm transfers. To facilitate the use of SAFE, each firearm dealer is required to obtain a Secure Access Washington (SAW) account and associate it with their UBI via a one-time-only online registration process.

The Law Enforcement Agency (LEA) conducting the background check for this license is required to generate a nine-character code that you will use during registration to ensure only firearm dealers with valid licenses are able to register. The LEA must provide you a personalized copy of the "SAFE Onboarding Guide", either via email or as a hard copy, for you to use in the registration process.

If you have questions regarding the SAFE registration process, please call 360-704-7840 or email firearms@wsp.wa.gov

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 posses 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 you have read and understand this section X Initial here.

Caution: 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 on the possession of firearms differ. If you are prohibited by federal law from possession of a firearm, you may be prosecuted in federal court. A state license is not a defense to a federal prosecution.

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
  - 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

Federal law prohibitions on receiving a firearm can be found at [18 U.S.C. 922(G) and (n); 27 CFR 478.32]

Applicant signature

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 firearms dealer 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 When completed, print this form and sign here. _____

Date and place (city or county) signed — Applicant signature

Local law enforcement use only

Database	Date	Checked by
☐ WASIS/NCIC III		
☐ WACIC/NCIC		
☐ Warrant file		
☐ DOL firearms file		
☐ DSHS		
☐ Local check		

☐ Approved ☐ Denied By _____ Date _____

SOUTH SOUND 911

Firearms Dealer License Certification

Firearms dealer information

Full name of firearms dealer company/corporation/owner agent			
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City			State	ZIP code	County		
Date of birth *(mm/dd/yyyy)*	Age	Race	Gender ☐ Male ☐ Female ☐ Non-binary	Height	Weight	Eyes	Hair

I declare under penalty of perjury under the laws of the State of Washington that I am in compliance with each licensure requirement established in RCW 9.41.110.

Firearm Dealer signature _____ **Date** _____