



# Firearms Dealer **Employee** Fingerprint / Background Check Application

## Office use only

ID number \_\_\_\_\_  
SID number \_\_\_\_\_  
FBI number \_\_\_\_\_

### 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/**Employee** information

<b>PRINT</b> or <b>TYPE</b> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				10-digit home phone number (optional)			
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you possess an alien firearms license, enter the license number, expiration date, and Alien Registration/I-94 number							
<p>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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you the subject of an outstanding arrest warrant from any court for any crime? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you been convicted of three or more violations of Washington's firearms laws within any five-year period? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a court order or an injunction concerning the possession of a firearm? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Is your concealed pistol license, if any, in a revoked status? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Have you ever been confined in a mental-health facility for more than fourteen days for treatment, or been committed as criminally insane? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p>							

### Dealer requirement information

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 possess 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**\_\_\_\_\_

**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 prohibits the following persons from receiving a firearm:

- Anyone who is an unlawful user of, or is addicted to, narcotics or other controlled substances
- Anyone who is of unsound mind, is adjudicated as mentally defective, or who has been committed to a mental institution
- 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, if the law of the state of conviction bars possession of a firearm
- Anyone who is a fugitive from justice

### 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 to possess a firearm and concealed pistol license to an inquiring court or law-enforcement agency. Signing this application authorizes South Sound 911 to notify your employer of your eligibility under RCW 9.41.110, Section 5(b).

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

**X**

\_\_\_\_\_  
Date and place (city or county) signed

\_\_\_\_\_  
Applicant signature

Local law enforcement use only		
Database	Date	Checked by _____
<input type="checkbox"/> WASIS/NCIC III	_____	_____
<input type="checkbox"/> WACIC/NCIC	_____	_____
<input type="checkbox"/> Warrant file	_____	_____
<input type="checkbox"/> DOL firearms file	_____	_____
<input type="checkbox"/> DSHS	_____	_____
<input type="checkbox"/> Local check	_____	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied By _____ Date _____		