



## INSTRUCTIONS FOR STATE FIREARM LICENSE APPLICATION

Attached is the application form for a State Firearm License. This license is required in addition to the Federal License, for any person, firm or corporation who sells weapons under 15 inches in length (handguns).

This application must be filled out completely. The annual required fee is \$25.00 plus \$3.00 for each employee. There is a \$10.00 penalty added for renewals submitted after August 1<sup>st</sup>. This \$10.00 penalty does not apply to new applicants. The affidavit must be filled out, signed and notarized.

You are also required to submit a copy of your **FEDERAL FIREARM LICENSE** along with your application and fees. Mail all paperwork to the Office of Professional Standards, P.O. Box 1456, Atlanta, GA 30371-1456. Please allow approximately two weeks for your application to be processed.

This is a one year license from July 1<sup>st</sup> to June 30<sup>th</sup> of each year.

Should you have any questions regarding this process, please contact this office at (404) 624-7491.

BELOW IS A CHECKLIST TO ASSURE THAT ALL REQUIRED DOCUMENTS ARE RETURNED:

1. Application completed, signed, and notarized.
2. A copy of your Federal Firearms License (FFL License).
3. The \$25.00 fee for the license and \$3.00 for each additional employee that will be selling handguns (Money Order, Certified Check or Company Check ONLY).

APPLICATION FOR WHOLESALERS/RETAIL LICENSE  
FOR SALE OF SMALL FIREARMS  
(under 15 inches in length)

**FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY**

Date Received: \_\_\_\_\_

License Issued: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_

Approved by: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

FFL Number: \_\_\_\_\_

**Mail Forms to:**

GA DEPARTMENT OF PUBLIC SAFETY  
Office of Professional Standards  
P. O. Box 1456  
Atlanta, GA 30371-1456

**Phone Number:**

(404) 624-7491

**Fax Number:**

(404) 624-7676

**Kind of License:**

Wholesale

Retail

**Type of Application:**

New

Renewal

**PLEASE TYPE OR PRINT CLEARLY**

NAME OF APPLICANT \_\_\_\_\_  
(Owner or Corporate President's Name) Title

BUSINESS NAME \_\_\_\_\_  
(List name to appear on license)

MAILING ADDRESS \_\_\_\_\_  
CITY STATE ZIP

LOCATION ADDRESS \_\_\_\_\_  
(Principal place of doing business) CITY COUNTY ZIP

TELEPHONE NUMBER ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**FEES ENCLOSED**

ANNUAL LICENSE FEE: \$25.00 \$ \_\_\_\_\_

LATE FEE: \$10.00 (renewals postmarked after August 1<sup>st</sup>) \$ \_\_\_\_\_

EMPLOYEE LICENSE FEE: \$3.00/per employee \$ \_\_\_\_\_

**TOTAL FEE ENCLOSED** \$ \_\_\_\_\_

FEES ARE TO BE MADE PAYABLE TO THE DEPARTMENT OF PUBLIC SAFETY IN THE FORM OF A MONEY ORDER, CERTIFIED, CASHIER'S CHECK OR COMPANY CHECK. **PERSONAL CHECKS WILL NOT BE ACCEPTED.**

**AFFIDAVIT OF WHOLESALER/RETAILER APPLYING FOR LICENSE**

(Required by OCGA 43-16-3)

County of: \_\_\_\_\_

Personally, before the undersigned officer, authorized by law to administer oaths came;

NAME OF APPLICANT: \_\_\_\_\_  
TITLE

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

Who on oath deposes and says that applicant is a citizen of the United States of America, that he/she has reached the age of twenty-one years, and that he/she has not been convicted of a felony.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE (SEAL REQUIRED)

COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE