

THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

> Department of Criminal Justice Information Services 200 Arlington Street, Suite 2200, Chelsea, MA 02150

200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4600 | TTY: 617-660-4606 | mass.gov/cjis

FTN: _	PD USE ONLY	
LIC #:		

Submit this form and direct any questions to

your local police department

# MASSACHUSETTS RESIDENT LTC/FID/MACHINE GUN APPLICATION FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR LICENSE TO CARRY

FIREARMS OR LICENSE TO POSSES A MACHINE GUN (M.G.L c. 140, §§ 129B, 131)

#### CHECK ONE:

- \_\_\_ New Applicant\*
- \_\_\_\_ Renewal Most Recent License to Carry/FID Number:

\*NOTE: If application is for a first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached, unless exempt by statute. If this is a renewal application, a lost/stolen firearms affidavit must be submitted.

### LICENSE APPLICATION TYPE (Check Only One):

- \_\_\_\_ Firearms Identification Card Restricted (self-defense spray)
- Firearms Identification Card
- \_\_\_\_ License to Carry
- \_\_\_\_ License to Possess a Machine Gun
- \_\_\_ Gun Club License (Only the Colonel of the State Police can issue a club license)

# EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:

Last Name		First Name			Middle Name		Suffix
Residential	Address		City		State	Zip Code	Telephone Number
Mailing Add	dress		City		State	Zip Code	Telephone Number
Date of Birth		Place of Birth	Place of Birth (City, State, Country)				
Mother's First Name		Mother's Maiden Name		Father's First Name Father's La		ast Name	
Height	Weight	Build	Complexion	Hair Colo	or		Eye Color
Occupation	1			Social Security Nun	nber (Op	tional)	Drivers License Number
Employed E	Зу			Business Address			
City/Town		State		Zip		Teleph	one Number
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## ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

1.	Are you a citizen of the United States?				□ YES	□ NO
	If lawful permanent resident alien, give green card number and resident date	Green Card	Number	Resident S	Since (date	)
	If naturalized, give date, place and naturalization number	Date	Place	Naturaliza	tion No.	
2.	Have you ever renounced your U.S. citizenship	o?			□ YES	
3.	What is your age? (You must be 21 to a submission of a certificate of parent or guardian granting perm					
4.	Have you ever been arrested or appeared in c	ourt as a defei	ndant for any criminal of	fense?	□ YES	
5.	Are you the subject of any pending criminal ch	arges?			□ YES	
6.	Have you ever been convicted of a felony?				□ YES	
7.	Have you ever been convicted of the unlawful as defined in M.G.L. c. 94C, § 1?	use, possessi	on, or sale of controlled	substances	□ YES	□ NO
8.	Have you ever been convicted of a violent crim	ne or a crime c	of domestic violence?		□ YES	□ NO
9.	Have you ever been convicted as an adult or a in any state or federal jurisdiction?	djudicated a y	outhful offender or delin	quent child	□ YES	□ NO
10.	Are you now, or have you ever been the subjer or a similar order issued by another jurisdiction		ing order issued pursua	nt to M.G.L. c. 209A,	□ YES	
11.	Are you currently the subject of any outstandin	g arrest warra	nt in any state or federa	l jurisdiction?	□ YES	
12.	Have you ever been committed to any hospital	or institution f	or mental illness, or alco	ohol or substance abuse?	□ YES	
13.	Has any firearms license issued under the laws or denied?	s of any state	or territory ever been su	spended, revoked,	□ YES	
14.	Have you been discharged from the armed for	ces of the Unit	ed States under dishone	orable conditions?	□ YES	□ NO
15.	Have you been the subject of an order of the pr	obate court ap	opointing a guardian or o	conservator?	□ YES	

# If you answered "YES" to any of the questions 2-15, give details which must include dates, circumstances and location; use a separate sheet of paper if necessary.

Have	you ever	used c	or been	known by	y another	name?
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If "YES", provide name and explain: \_\_\_\_\_

Other than Massachusetts, in what state(s),		
Have you ever held a firearms license in any	other state, territory or jurisdiction?	□ YES □ NO
If "YES", when, where, and license number? _		

#### List the name and addresses of two references (as required by your licensing authority)

1.			
	Last Name	First Name	
	Address	City/Town	State Zip
2.			
	Last Name	First Name	
	Address	City/Town	State Zip

#### Reason(s) for requesting the issuance of a card or license:

Unrestricted	Target & Hunting	Sporting	Employment
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Use lines below to indicate the reason(s) you are requesting the license; use a separate sheet of paper if necessary)

\*WARNING\* Any person who knowingly files an application containing false information shall be punished by a fine of not less than \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correction, or by both such fine and imprisonment (M.G.L c.140, §§ 129B(8), 131(h)).

I declare the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my license to carry firearms. I understand that filing an application that contains false information is a criminal offense.

Signed under the penalties of perjury this		day of	
_	day	month	year
Signature of Applicant:			

# Massachusetts License to Carry (LTC)/Firearms Identification Card (FID) Affidavit

Complete this form **<u>only</u>** if you are **<u>renewing</u>** your firearms license.

License Holder Name:

Current LTC or FID card Number:

Please select one:

**A.** (No firearm(s) lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.

2. I have not lost one or more firearms or had any firearms stolen since the renewal or issuance of my last FID card or LTC.

**B.** (Firearm(s) reported lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.

2. I have lost one or more firearms or have reported stolen one or more firearms since the renewal or issuance of my last FID card or LTC.

List all lost or stolen firearms below; use additional sheets as necessary.

Lost or Stolen	Date Reported Lost or Stolen	Reported to (Police Dept.)	Туре	Make	Model	Serial Number	Case Number

The above information is true and accurate to the best of my knowledge and belief.

SIGNED UNDER THE PENALTIES OF PERJURY:

Signature:

Date:\_

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