

CHECK ONE:

New Applicant*

Renewal - Most Recent License to Carry/FID Number:

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 mass.gov/cjis | TTY: 617-660-4606

| FTN: |
|--------|
| LIC #: |

You must submit this form 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 POSSESS A MACHINE GUN (M.G.L c. 140, §§ 129B, 131)

| Hunter Safety (| Course Co | | dentification card or license tached, unless exempt by submitted. | | | | | | |
|------------------------------|--|---------------------------------|---|-----------------------|-----------------|-----------------------|--|--|--|
| LICENSE A | PPLICA | ATION TYPE (Ch | neck Only One): | | | | | | |
| Firearms I | dentificat | ion Card - Restricte | d (self-defense spray) Und | der Age 18 | | | | | |
| Firearms Identification Card | | | | | | | | | |
| License to | _ License to Carry | | | | | | | | |
| License to | License to Possess a Machine Gun | | | | | | | | |
| Gun Club | Gun Club License (Only the Colonel of the State Police can issue a club license) | | | | | | | | |
| Last Name | R SIGN | ATURE, PRINT | First Name | | e Name | Suffix | | | |
| Residential Add | dress | | City | State | Zip Code | Telephone Number | | | |
| Mailing Address | S | | City | State | Zip Code | Cell Phone Number | | | |
| Date of Birth | | Place of Birth | (City, State, Country) | Sex | | | | | |
| Mother's First N | lame Mo | ther Middle Name | Mother's Maiden Name F | ather's First Name Fa | ther Middle Nam | e Father's Last Name | | | |
| Height | Weight | Build (Small, Medium, Large) | Complexion (Fair, Light, Medium, Dark, Ruddy) | Hair Color | Ey | ye Color | | | |
| Occupation | | | Soci | ial Security Number | Di | rivers License Number | | | |
| Employed By | | | Bus | iness Address | | | | | |
| City/Town | | State | Zip | | Telephon | e Number | | | |
| LTC-FID Application | – Revised N | May 2015 | | | | Page - 1 of 3 | | | |

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 | d Number | Resident S | Resident Since (date) | | |
| | If naturalized, give date, place and naturalization number | Date | Place | Naturaliza | tion No. | | |
| 2. | Have you ever renounced your U.S. citizensh | ip? | | | □ YES | □ NO | |
| 3. | What is your age? (You must be 21 to submission of a certificate of parent or guardian granting per | | 8 to apply for a FID card, or 14 to or a FID card or FID card – Restri | | | | |
| 4. | Have you ever been arrested or appeared in o | court as a def | endant for any criminal o | ffense? | □ YES | □ NO | |
| 5. | Are you the subject of any pending criminal cl | narges? | | | □ YES | □ NO | |
| 6. | Have you ever been convicted of a felony? | | | | □ YES | □ NO | |
| 7. | Have you ever been convicted of the unlawful as defined in M.G.L. c. 94C, § 1? | use, possess | sion, or sale of controlled | substances | □ YES | □ NO | |
| 8. | Have you ever been convicted of a violent crir | ne or a crime | of domestic violence? | | □ YES | □ NO | |
| 9. | Have you ever been convicted as an adult or in any state or federal jurisdiction? | adjudicated a | youthful offender or deli | nquent child | □ YES | □NO | |
| 10. | Are you now, or have you ever been the subject or a similar order issued by another jurisdiction | | ining order issued pursua | ant to M.G.L. c. 209A, | □ YES | □ NO | |
| 11. | Are you currently the subject of any outstanding | ng arrest warr | ant in any state or federa | al jurisdiction? | □ YES | □ NO | |
| 12. | Have you ever been committed to any hospital | ıl or institution | for mental illness, or alc | cohol or substance abuse? | □ YES | □ NO | |
| 13. | Has any firearms license issued under the law or denied? | s of any state | e or territory ever been su | uspended, revoked, | □ YES | □ NO | |
| 14. | Have you been discharged from the armed fo | rces of the Ur | nited States under dishon | norable conditions? | □ YES | □ NO | |
| 15. | Have you been the subject of an order of the p | robate court a | appointing a guardian or | conservator? | □ YES | □ NO | |
| | u answered "YES" to any of the quumstances and location; use a sepa | | | | es, | | |
| | | | | | | | |

| Ha | ve you ever used o | been known by | another name? | | | □ YES | □ NO |
|--------------|--|--|---|--|--|-----------------------------|---------|
| If "\ | YES", provide name | and explain: | | | | | |
| Oth | Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived? | | | | | | NO |
| | ve you ever held a f | | - | , territory or jurisdicti | on? | □ YES | □ NO |
| Lis | t the name and add | resses of two re | ferences | | | | |
| | Last Name | | | First Name | | | |
| | Address | | | City/Town | State | Zip | |
| 2. Last Name | | | | First Name | | | |
| | Address | | | City/Town | State | Zip | |
| | ason(s) for requesti | ing the issuance □ Sporting | of a card or licens ☐ Employment | ☐ Unrestricted (us | se lines below to indicate the re nrestricted LTC; use a separate | | |
| \$50 suc | 00 nor more than \$1, the fine and imprisonn eclare the above fact | 000 or by imprisonent (M.G.L c.140 s are true and co | nment for not less to pay 129B(8), 131(b) mplete to the best of | than 6 months nor morn)). of my knowledge and b | nation shall be punished by a rethan 2 years in a house of co | orrection, or / false answ | by both |
| | pre just cause for de primation is a criminal | | or my license to ca | ny meanns. I underst | and that filing an application the | al Contains I | aise |
| Sig | ned under the penal | ties of perjury this | day | day of _ | month | year | |
| Sig | nature of Applicant: | | | | | | |

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

| | Complete this form only if you are renewing 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) | | | | | | | | |
| | I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms. | | | | | | | | |
| | 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. | | | | | | | | |
| | | , | | <u>OR</u> | | | | | |
| | B. | | | | | | | | |
| | I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms. | | | | | | | | |
| | 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 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | 1 | 1 | | 1 | <u> </u> | 1 | | |
| | The above information is true and accurate to the best of my knowledge and belief. | | | | | | | | |
| | SIGNED UND | ER THE PENALTIES O | F PERJURY: | | | | | | |
| | Signature: Date: | | | | | | | | |