

CHECK ONE:

New Applicant*

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 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)

Renewal - Most Re	ecent License to Carr	y/FID Number:					
	ertificate must be att					arms Safety Certificate on, a lost/stolen firearms	
LICENSE APPLICA	ATION TYPE (Ch	eck Only One):					
Firearms Identifica	tion Card - Restricted	d (self-defense spra	y)				
_ Firearms Identifica	tion Card						
_ License to Carry							
_ License to Posses	s a Machine Gun						
Gun Club License	(Only the Colonel of	the State Police car	issue a club license)				
_ast Name		First Name		Middle	Name	Suffix	
asi Name		i iist Name		Middle	IName	Sullix	
Residential Address		City		State	Zip Code	Telephone Numbe	
Mailing Address		City		State	Zip Code	Telephone Number	
Date of Birth	Place of Birth	(City, State, Countr	у)				
Mother's First Name	Mother's Maio	Mother's Maiden Name		Father's First Name		Father's Last Name	
Height Weight	Build	Complexion	Hair Color	air Color		Eye Color	
Occupation		Social Security Nu		Number (Optional)		Drivers License Numbe	
Employed By			Business Address				
City/Town	State		Zip		Telepho	one Number	
	May 2015					Page 1 of 4	

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 N		umber	: Since (date)		
	If naturalized, give date, place and naturalization number	Date	Place	Naturaliza	tion No.	
2.	Have you ever renounced your U.S. citizensh	nip?			□ YES	
3.	What is your age? (You must be 21 to submission of a certificate of parent or guardian granting per		apply for a FID card, or 14 to FID card or FID card – Restrict			
4.	Have you ever been arrested or appeared in	court as a defend	dant for any criminal off	ense?	□ YES	
5.	Are you the subject of any pending criminal c	harges?			□ YES	
6.	Have you ever been convicted of a felony?				□ YES	
7.	Have you ever been convicted of the unlawfu as defined in M.G.L. c. 94C, § 1?	ıl use, possessior	n, or sale of controlled s	substances	□ YES	□ NC
8.	Have you ever been convicted of a violent cri	ime or a crime of	domestic violence?		□ YES	□ NC
9.	Have you ever been convicted as an adult or in any state or federal jurisdiction?	adjudicated a yo	uthful offender or deline	quent child	□ YES	□ NC
10.	Are you now, or have you ever been the subjor a similar order issued by another jurisdiction		ng order issued pursuar	nt to M.G.L. c. 209A,	□ YES	□ NC
11.	Are you currently the subject of any outstand	ing arrest warran	t in any state or federal	jurisdiction?	□ YES	
12.	Have you ever been committed to any hospit	al or institution fo	r mental illness, or alco	hol or substance abuse?	□ YES	
13.	Has any firearms license issued under the law or denied?	ws of any state or	territory ever been sus	spended, revoked,	□ YES	□ NC
14.	Have you been discharged from the armed for	orces of the Unite	d States under dishono	orable conditions?	□ YES	
15.	Have you been the subject of an order of the	probate court app	pointing a guardian or c	onservator?	□ YES	□ NC
	u answered "YES" to any of the զւ umstances and location; use a sep				es,	
_						_

Have you ever held a firearms license in any other state, territory or jurisdiction? 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 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 \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correctio 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 will be just cause for denial or revocation of my license to carry firearms. I understand that filing an application that containformation is a criminal offense.	I YES LI NO	inother name?	Have you ever used or been known by anot
Have you ever held a firearms license in any other state, territory or jurisdiction? 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 Wardense First Name Address City/Town State Zip City/Town State Zip Reason(s) for requesting the issuance of a card or license: Unrestricted Target & Hunting Sporting Employment 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 \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correctio 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 will be just cause for denial or revocation of my license to carry firearms. I understand that filing an application that containformation is a criminal offense.			If "YES", provide name and explain:
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	on, or by both answer(s)	ment for not less than 6 months nor more than 2 years in a house of correct §§ 129B(8), 131(h)). The plete to the best of my knowledge and belief and I understand that any false.	\$500 nor more than \$1,000 or by imprisonmen such fine and imprisonment (M.G.L c.140, §§ 1 I declare the above facts are true and complete will be just cause for denial or revocation of my
		day of	Signed under the penalties of perjury this
Signature of Applicant:	year	uay montn	Signature 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 or	ne:						
	A. \square (No firea	rm(s) lost or stolen sinc	e previous is	suance of LTC	or FID card)			
	 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.							
	_			<u>OR</u>				
	B. L (Firearm(s) reported lost or stole	n since previ	ious issuance	of LTC or FID car	d)		
	 I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms. 							
	2.	I have lost one or m	ore firearn	ns or have i	eported stole	n one or more fire	arms since	
	the renewal or	issuance of my last	FID card o	r LTC.				
	List all l	ost or stolen firearm	ıs below; u	se addition	al sheets as n	ecessary.		
Lost or Stolen	Date Reported Lost or Stolen	Reported to (Police Dept.)	Туре	Make	Model	Serial Number	Case Number	
	The above info	rmation is true and	accurate to	o the best o	of my knowled	ge and belief.		
	SIGNED UNDER THE PENALTIES OF PERJURY:							
	Signature:				Date:			
	LTC FID Application Povised May 2015							