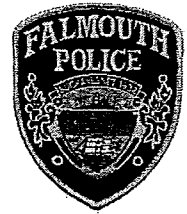




Falmouth Police Department
750 Main Street
Falmouth, MA 02540
www.falmouthpolice.us



INSTRUCTIONS for Processing: License to Carry Firearms Identification Card

- Complete a Massachusetts State Police approved safety course taught by a Massachusetts State Police approved instructor.
(exempt for some renewals)
- You **MUST** appear in person
- Applicants for License to carry must be twenty-one (21) years old. Applicants for FID must be eighteen (18) years old.
- Any applicant more than fifteen (15) years of age, but less than eighteen (18) years of age must have written permission from a parent or guardian to apply for FID.
- Applications are accepted, M-F 8:30-5:30; we are closed all holidays.
- \$100.00 check or money order, made payable to *Town of Falmouth*. The fee for a juvenile FID card is \$25.00. The fee must be submitted when you apply. The fee is non-refundable even if your license application is denied.
- Applications should be completed honestly and truthfully and signed. Questions answered incorrectly, whether mistakenly or in an attempt to defraud this police department, will cause delays in processing and may cause your application to be denied.
- Your Massachusetts Operator's License **MUST** show your current Falmouth address.
You will need to show your driver's license when you apply.
- You **MUST** supply a business-sized self-addressed stamped envelope (SASE)*
- A photograph will be taken when you apply.
- The Name on your Massachusetts Operator's License **MUST** match the name on your application.
You will need to show your Massachusetts Operator's License when you apply

*please see reverse side, for complete explanation.

**SELF-ADDRESSED STAMPED ENVELOPE
INSTRUCTIONS**

You must include a self-addressed stamped envelope with your application.

#10 size envelope (4 1/8" X 9 1/2")

Falmouth Police Dept. 750 Main Street Falmouth, MA 02540	PLACE STAMP HERE
Your Name Your Street Address Your City, State, Zip Code	

The Commonwealth of Massachusetts Department of State Police

Certified Firearms Instructors

Steven Walsh	(508) 548-5879	capecodgunsafety.com	gunguy.steve@gmail.com
Katherine Martin	(508) 400-7044		S.A.F.E.TrainingCC@gmail.com
Mark Cohen	(508) 775-8975	Powderhorn Outfitters	
Michael Santangelo	(508) 237-7474		
Robert A. D'Auria	(508) 539-9474		
Michael Astin	(508) 326-2967		extremefirearms@gmail.com
Peter Weiss	(774) 856-4281		pweiss@maritime.edu

FIREARM LICENSE APPLICATION ACKNOWLEDGE FORM

IMPORTANT INFORMATION - PLEASE READ

IF YOUR APPLICATION IS DENIED, it is usually due to one of the following reasons:

- Disqualifying criminal record;
- False answer to any question on the application;
- False answer to any question asked by the licensing officer or his/her designee; and/or
- Criminal information omitted from (or not attached to) the application as required.

All previous detentions, arrests, court appearances, juvenile adjudications, etc. will be accessed and considered in order to determine the "suitability" of all firearm license applicants. This check will include "sealed records"

After reading this form, you will be asked specific questions regarding your personal background, past criminal history, etc. You must answer all questions fully and truthfully. Failure to do so will result in your application being denied.

In addition, Question #4 on the application asks, "Have you ever appeared in any court as a defendant for any criminal offense (excluding non-criminal traffic offenses)? The key word here is "appeared", not necessarily arrested. You do not have to list any non-criminal traffic offenses. Having been arrested and convicted of a crime does not necessarily prohibit someone from getting a license to carry firearms or an FID card, *not listing it will*.

Please note that, "ever appeared" includes all adult and juvenile court appearances. It does not matter if you were found "not guilty", "not delinquent", the charges were "dismissed", or the case was "continued without a finding", etc, you must account for all appearances. If you do not answer all questions truthfully, the department will uncover the correct answer no matter how long ago the incident occurred. You must indicate if you have a "sealed" record and the offense.

If your application is denied, we will not accept any excuse, such as "I forgot about it", or "they told me it wouldn't show up", or "it never showed up before", or "it was so long ago, I didn't think it mattered", etc.

If necessary, you may contact the Massachusetts Criminal History Systems Board to learn how to obtain your Massachusetts criminal record check (iCORI), before you submit your application. If there is any omission or if any false answer is found, your application will be denied and you may face criminal prosecution.

By signing below, you acknowledge your understanding of the above information.

DATE: _____

PRINTED NAME: _____ SIGNATURE: _____

If you answered YES to question #12 on the application, please have a “registered physician” complete an affidavit. A sample affidavit has been provided below.

AFFIDAVIT

This affidavit is in support of an application for firearms licensing.

In accordance with the provisions of Massachusetts General Law, Chapter 140, Sections 129B and 131 this affidavit is required to be submitted with the application of any applicant who has been confined to any hospital or institution for alcoholism or mental illness.

I, (physician's name), having been duly sworn, do say and depose that:

1. I am a registered physician. *(Please list board certification and state of registration)*
2. I am familiar with *(applicant's name)* alcoholism or mental illness; *(Please list the facts and circumstances the affiant has personal knowledge of, as well as the basis for knowledge of the applicant's alcoholism or mental illness.)*
3. In my professional opinion *(applicant's name)* is not disabled by such alcoholism or mental illness in a manner that should prevent him/her from possessing a firearm, rifle, or shotgun. *(Please list facts and circumstances the affiant has personal knowledge of, as well as the basis for such opinion.)*

Sign under the pains and penalties of perjury this _____ (day) of _____ (month), _____ (year).

Signature of affiant _____

Notarized



**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

PD USE ONLY	
FTN:	_____
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 POSSESS 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 Address	City	State	Zip Code	Telephone Number
-----------------	------	-------	----------	------------------

Date of Birth	Place of Birth (City, State, Country)
---------------	---------------------------------------

Mother's First Name	Mother's Maiden Name	Father's First Name	Father's Last Name
---------------------	----------------------	---------------------	--------------------

Height	Weight	Build	Complexion	Hair Color	Eye Color
--------	--------	-------	------------	------------	-----------

Occupation	Social Security Number (Optional)	Drivers License Number
------------	-----------------------------------	------------------------

Employed By	Business Address
-------------	------------------

City/Town	State	Zip	Telephone Number
-----------	-------	-----	------------------

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 Since (date) |
|--|-------------------|-----------------------|
-
- If naturalized, give date, place
and naturalization number
- | | | | |
|--|------|-------|--------------------|
| | Date | Place | Naturalization No. |
|--|------|-------|--------------------|
2. Have you ever renounced your U.S. citizenship? YES NO
3. What is your age? _____ (You must be 21 to apply for a LTC, 18 to apply for a FID card, or 14 to 17 with
4. submission of a certificate of parent or guardian granting permission to apply for a FID card or FID card – Restricted).
5. Have you ever been arrested or appeared in court as a defendant for any criminal offense? YES NO
6. Are you the subject of any pending criminal charges? YES NO
7. Have you ever been convicted of a felony? YES NO
8. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances
as defined in M.G.L. c. 94C, § 1? YES NO
9. Have you ever been convicted of a violent crime or a crime of domestic violence? YES NO
10. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child
in any state or federal jurisdiction? YES NO
11. Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A,
or a similar order issued by another jurisdiction? YES NO
12. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? YES NO
13. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse? YES NO
13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked,
or denied? YES NO
14. Have you been discharged from the armed forces of the United States under dishonorable conditions? YES NO
15. Have you been the subject of an order of the probate court appointing a guardian or conservator? YES NO

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 or been known by another name?

YES NO

If "YES", provide name and explain: _____

Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived?

NONE

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

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 _____ month _____ year

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 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.

OR

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.)	Type	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: _____