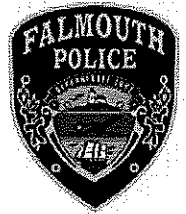




**Falmouth Police Department**  
750 Main Street Falmouth, MA 02540  
Phone: 774-255-4527 | Fax: 508-457-2566  
[www.falmouthpolice.us](http://www.falmouthpolice.us)



**APPLICATION INSTRUCTIONS  
(NEW AND RENEWAL)  
LICENSE TO CARRY (LTC)  
FIREARMS IDENTIFICATION CARD (FID)**

- You **MUST** be a Falmouth resident and possess a Massachusetts Operator's License with an address in Falmouth. The name on your application must match the name on your license.
- Complete a Massachusetts State Police approved safety course and include a copy of the certificate with your application (exempt for renewals)
- Applicants for a License to Carry (LTC) must be twenty-one (21) years old
- Applicants for an FID card must be fifteen (15) 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.
- Applications shall be completed honestly and truthfully. A background check will be conducted. Questions answered incorrectly, mistakenly or to defraud this police department, will cause delays in processing and may cause your application to be denied.
- Include a \$100.00 check or money order, made payable to the "Town of Falmouth". The fee for a youth FID card (age 15-17) is \$25.00. The fee is non-refundable. For applicants who are **70** years of age or older and **renewing** your LTC/FID there is **NO** fee.
- You **MUST** supply a business-size self-addressed stamped envelope (SASE)
- Do **NOT** appear in person with your application packet, instead mail it to:

Central Records Office  
Falmouth Police Department  
750 Main Street  
Falmouth, MA 02540

National Fingerprint-based Background Check- Upon receipt of your complete application, a representative from the Central Records Office will contact you in order to schedule an appointment to submit your fingerprints and take a photo of you.

## 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	<a href="mailto:gunguy.steve@gmail.com">gunguy.steve@gmail.com</a>
Katherine Martin	(508) 400-7044		<a href="mailto:S.A.F.E.TrainingCC@gmail.com">S.A.F.E.TrainingCC@gmail.com</a>
Michael Santangelo	(508) 237-7474		
Robert A. D'Auria	(508) 539-9474		
Michael Astin	(508) 326-2967		<a href="mailto:extremefirearms@gmail.com">extremefirearms@gmail.com</a>
Peter Weiss	(774) 856-4281		<a href="mailto:pweiss@maritime.edu">pweiss@maritime.edu</a>

**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.

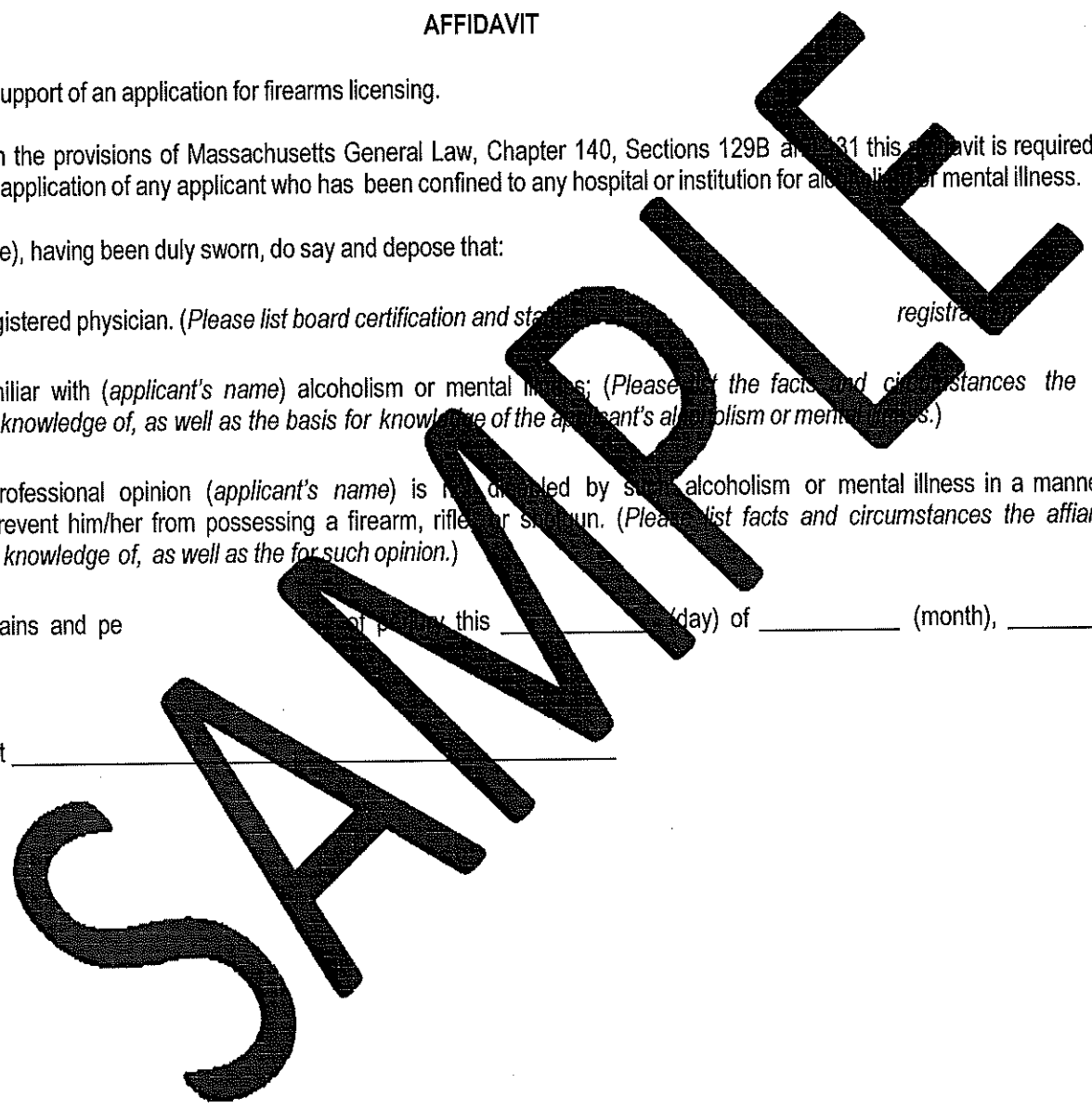
I, (physician's name), having been duly sworn, do say and depose that:

1. I am a registered physician. *(Please list board certification and state 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		Driver's 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.
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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 submission of certificate of parent or guardian granting permission to apply for an FID card).

4. Have you ever been arrested or appeared in court as a defendant for any criminal offense? \_\_ YES \_\_ NO

5. Are you the subject of any pending criminal charges? \_\_ YES \_\_ NO

6. Have you ever been convicted of a felony? \_\_ YES \_\_ NO

7. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances as defined in M. G.L. 94C § 1? \_\_ YES \_\_ NO

8. Have you ever been convicted of a violent crime of domestic violence? \_\_ YES \_\_ NO

9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction? \_\_ YES \_\_ NO

10. 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

11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? \_\_ YES \_\_ NO

12. 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.**

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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(s), territory or jurisdiction? \_\_YES \_\_NO

If "YES", when and license number?  
\_\_\_\_\_  
\_\_\_\_\_

List the name and address of two references – not a family member (as required by your licensing authority)

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City/Town State Zip Code

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City/Town State Zip Code

Reason(s) for requesting the issuance of a card of 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, §§ 129B9), 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**

License Holder Name: \_\_\_\_\_

Current LTC or FID card Number: \_\_\_\_\_

*Please circle 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	Date Reported Lost or Stolen	Reported to (Police	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: \_\_\_\_\_



# 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 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: \_\_\_\_\_