

CITY OF NORTH ADAMS

License To Carry/ F.I.D. Card Application Requirements

First Time Application:

1. Complete a certified gun/hunter safety course.
Call Mass. Environmental Police for classes @ 1-800-632-8075
2. Return the original course certificate with the application.
3. Follow all instructions listed on application.

Renewal:

1. Complete the application form. Be sure to mark off type requested.

All applicants will be finger printed.
Please allow time for this.

Applications will be processed on:

Monday - Friday 10:00 AM - 3:00 PM

DO NOT PURCHASE PHOTO'S AS THEY
WILL BE TAKEN AT THE STATION.

\$100.00 FEE IS DUE AT PROCESSING

APPLICATION FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD (FID) OR LICENSE TO CARRY FIREARMS OR LICENSE TO POSSESS A MACHINE GUN

***** **POLICE DEPARTMENT USE ONLY** *****

IT IS THE RESPONSIBILITY OF THE LICENSING AUTHORITY TO ENSURE THE IDENTITY OF THE NEW/RENEWAL APPLICANT IS TRUE AND ACCURATE, AND IN THE CASE OF A RENEWAL, THAT THE APPLICANT IS LINKED TO THE ORIGINAL TRACKING NUMBER.

| | |
|---|--|
| IF RENEWAL ORIGINAL TRACKING NUMBER ¹ F () _____ | NEW LTC OR FID NUMBER () _____ |
| City/Town 9 Digit License Number | City/Town 9 Digit License Number |

¹ THE ORIGINAL TRACKING NUMBER IS OBTAINED FROM THE FIRST ISSUED LTC/FID ISSUED UNDER THE GUN CONTROL ACT OF 1998, WHICH WENT INTO EFFECT ON OCTOBER 21, 1998.

PLEASE COMPLETE THIS APPLICATION FORM AND TAKE IT TO YOUR LOCAL LICENSING AUTHORITY. (LOCAL POLICE DEPARTMENT). DO NOT MAIL TO THE FIREARMS RECORD BUREAU.

PLEASE CHECK ONE:

NEW APPLICANT
 RENEWAL – MOST RECENT LICENSE TO CARRY/FID CARD NUMBER _____
ISSUED FROM WHICH CITY/TOWN? _____, MA EXPIRATION DATE _____

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:

| | |
|--|--|
| <input type="checkbox"/> FIREARMS IDENTIFICATION CARD RESTRICTED (MACE/PEPPER SPRAY) | <input type="checkbox"/> CHECK IF CLASS A CLUB LICENSE * |
| <input type="checkbox"/> FIREARMS IDENTIFICATION CARD | |
| <input type="checkbox"/> CLASS B LICENSE TO CARRY FIREARMS <u>NON-LARGE CAPACITY</u> | * NOTE: ONLY THE COLONEL OF THE MASSACHUSETTS STATE POLICE CAN ISSUE A CLUB LICENSE. |
| <input type="checkbox"/> CLASS A LICENSE TO CARRY FIREARMS <u>LARGE CAPACITY</u> | |
| <input type="checkbox"/> LICENSE TO POSSESS A MACHINE GUN | |

- TWO **PHOTOGRAPHS** ARE REQUIRED FOR LICENSING. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL POLICE DEPARTMENT.
- IF APPLICATION IS FOR FIRST FID OR LTC, A COPY OF THE **FIREARMS SAFETY CERTIFICATE OR HUNTER SAFETY COURSE CERTIFICATE** MUST BE ATTACHED TO THIS APPLICATION.
- IF ISSUED FOR **EMPLOYMENT PURPOSES** A LETTER FROM EMPLOYER ON COMPANY LETTERHEAD REQUESTING ISSUANCE AND REASON MUST ACCOMPANY THIS APPLICATION.

(EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION)

CITY/TOWN OF: _____ , MA

| | | |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

| | |
|---|------------------|
| RESIDENTIAL ADDRESS (Include Number, Street, City/Town, Zip Code) | TELEPHONE NUMBER |
|---|------------------|

| | |
|---|------------------|
| IF CLUB LICENSE ADDRESS OF CLUB (Include Number, Street, City/Town, Zip Code) | TELEPHONE NUMBER |
|---|------------------|

| | | | |
|---------------|----------------|----------------------|--------------------|
| DATE OF BIRTH | PLACE OF BIRTH | MOTHER'S MAIDEN NAME | FATHER'S FULL NAME |
|---------------|----------------|----------------------|--------------------|

| | | | | | |
|--------|--------|-------|------------|------------|-----------|
| HEIGHT | WEIGHT | BUILD | COMPLEXION | HAIR COLOR | EYE COLOR |
|--------|--------|-------|------------|------------|-----------|

| | | |
|------------|-------------------------|-------------------------|
| OCCUPATION | S. S. NUMBER (Optional) | DRIVER'S LICENSE NUMBER |
|------------|-------------------------|-------------------------|

| | | |
|-----------------------------|---------|------------------|
| EMPLOYED BY (SEE # 3 ABOVE) | ADDRESS | TELEPHONE NUMBER |
|-----------------------------|---------|------------------|

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, § 131).

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

SPACE FOR EXPLANATION AND DETAILS ARE PROVIDED ON PAGE 3.

1. ARE YOU A CITIZEN OF THE UNITED STATES? _____
IF NATURALIZED GIVE DATE, PLACE AND NATURALIZATION NUMBER: _____.
2. HAVE YOU EVER USED OR BEEN KNOWN BY ANOTHER NAME? _____. IF YES PROVIDE NAME AND EXPLAIN: _____
3. WHAT IS YOUR AGE? * _____ *YOU MUST BE 21 YEARS OF AGE TO APPLY FOR A LICENSE TO CARRY FIREARMS, 18 YEARS OF AGE* TO APPLY FOR A FIREARMS IDENTIFICATION CARD. * 15 YEARS OF AGE BUT LESS THAN 18 YEARS OF AGE WITH SUBMISSION OF A CERTIFICATE FROM PARENT OR GUARDIAN GRANTING PERMISSION TO APPLY FOR A FIREARMS IDENTIFICATION CARD.
4. HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
5. HAVE YOU EVER BEEN CONVICTED OF THE UNLAWFUL USE, POSSESSION, OR SALE OF NARCOTIC OR HARMFUL DRUGS AS DEFINED IN M.G.L. c. 94C, § 1? _____
6. HAVE YOU EVER BEEN CONVICTED OF A CRIME PUNISHABLE BY INCARCERATION BY MORE THAN (1) ONE YEAR? _____
7. IN ANY STATE OR FEDERAL JURISDICTION HAVE YOU EVER BEEN CONVICTED AS AN ADULT OR ADJUDICATED A YOUTHFUL OFFENDER OR DELINQUENT CHILD FOR THE COMMISSION OF (a) A FELONY; (b) A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR MORE THAN 2 YEARS; (c) A VIOLENT CRIME AS DEFINED IN M.G.L. c. 140, § 121; (d) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION, OWNERSHIP, SALE, TRANSFER, RENTAL, RECEIPT OR TRANSPORTATION OF WEAPONS OR AMMUNITION FOR WHICH A TERM OF IMPRISONMENT MAY BE IMPOSED; OR (e) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION OR SALE OF CONTROLLED SUBSTANCES AS DEFINED IN M.G.L. c. 94, § 1? _____
8. HAVE YOU EVER BEEN CONFINED TO ANY HOSPITAL OR INSTITUTION FOR MENTAL ILLNESS? _____
9. ARE YOU OR HAVE YOU EVER BEEN UNDER TREATMENT FOR OR CONFINEMENT FOR DRUG ADDICTION OR HABITUAL DRUNKENNESS? _____
10. HAVE YOU EVER APPEARED IN ANY COURT AS A DEFENDANT FOR ANY CRIMINAL OFFENSE (EXCLUDING NON-CRIMINAL TRAFFIC OFFENSES)? _____
11. ARE YOU NOW UNDER ANY CHARGE(S) FOR ANY OFFENSE(S) AGAINST THE LAW? _____
12. ARE YOU NOW OR HAVE YOU EVER BEEN THE SUBJECT OF A M.G.L. c. 209A RESTRAINING ORDER OR INVOLVED IN A DOMESTIC VIOLENCE CHARGE? _____
13. HAS ANY LICENSE TO CARRY FIREARMS, PERMIT TO POSSESS FIREARMS, OR FIREARMS IDENTIFICATION CARD ISSUED TO YOU UNDER THE LAWS OF ANY STATE, TERRITORY OR JURISDICTION EVER BEEN SUSPENDED, REVOKED OR DENIED? _____
14. ARE YOU CURRENTLY THE SUBJECT OF ANY OUTSTANDING ARREST WARRANT IN ANY STATE OR FEDERAL JURISDICTION? _____

NAME _____ DOB: _____

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FOUR THROUGH FOURTEEN, GIVE DETAILS WHICH MUST INCLUDE DATES, CIRCUMSTANCES AND LOCATION:

(IF NECESSARY USE SEPARATE SHEET OF PAPER TO COMPLETE)

OTHER THAN MASSACHUSETTS, WHAT OTHER STATE, TERRITORY OR JURISDICTION HAVE YOU RESIDED IN?

HAVE YOU EVER HELD A LICENSE TO CARRY IN ANY OTHER STATE, TERRITORY OR JURISDICTION? _____
IF "YES", WHEN, WHERE AND LICENSE NUMBER:

LIST NAME AND ADDRESSES OF TWO REFERENCES (NOT REQUIRED IF APPLYING FOR A FIREARMS IDENTIFICATION CARD):

1. _____

2. _____

REASON (S) FOR REQUESTING THE ISSUANCE OF CARD OR LICENSE:

CHANGE OF ADDRESS NOTIFICATION REQUIREMENTS:

MASSACHUSETTS GENERAL LAW REQUIRES THAT:

ANY LICENSEE SHALL NOTIFY, IN WRITING, THE LICENSING AUTHORITY WHO ISSUED SAID LICENSE, THE CHIEF OF POLICE INTO WHOSE JURISDICTION THE LICENSEE MOVES AND THE EXECUTIVE DIRECTOR OF THE CRIMINAL HISTORY SYSTEMS BOARD OF ANY CHANGE OF ADDRESS. SUCH NOTIFICATION SHALL BE MADE BY CERTIFIED MAIL WITHIN 30 DAYS OF ITS OCCURRENCE. FAILURE TO SO NOTIFY SHALL BE CAUSE FOR REVOCATION OR SUSPENSION OF SAID LICENSE (M.G.L. c.140, § 131 (l)).

A CARDHOLDER SHALL NOTIFY, IN WRITING, THE LICENSING AUTHORITY THAT ISSUED SUCH CARD, THE CHIEF OF POLICE INTO WHOSE JURISDICTION SUCH CARDHOLDER MOVES AND THE EXECUTIVE DIRECTOR OF THE CRIMINAL HISTORY SYSTEMS BOARD OF ANY CHANGE OF ADDRESS. SUCH NOTIFICATION SHALL BE MADE BY CERTIFIED MAIL WITHIN 30 DAYS OF ITS OCCURRENCE. FAILURE TO SO NOTIFY SHALL BE CAUSE FOR REVOCATION OR SUSPENSION OF SUCH CARD (M.G.L. c.140, § 129B (11)).

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 AND MAY BE USED IN A CRIMINAL PROCEEDING PURSUANT TO M.G.L c. 140, §§ 129 AND 131.

SIGNED UNDER THE PENALTIES OF PERJURY THIS _____ DAY OF _____, _____
(DAY) (MONTH) (YEAR)

SIGNATURE OF APPLICANT _____

APPLICANT: BRING TO YOUR LOCAL LICENSING AUTHORITY (POLICE DEPARTMENT). DO NOT MAIL THE FIREARMS RECORD BUREAU.

LICENSING AUTHORITY (LOCAL POLICE DEPARTMENT:

PLEASE RETAIN ONE COPY FOR YOUR FILES, FORWARD ONE COPY TO THE FIREARMS RECORD BUREAU WITH THE COMPLETED LTC/FID OR MG LICENSE FOR DATA ENTRY AND ONE COPY TO THE MASS STATE POLICE WITH THE APPLICANT'S FINGERPRINT CARD (FINGERPRINT CARD REQUIRED FOR NEW APPLICANT, ONLY) FOR APPROPRIATE FINGERPRINT SUPPORTED CRIMINAL RECORD CHECK.
