

INSTRUCTIONS: SEND THIS LETTER TO EACH OF THE REFERENCES LISTED ON YOUR APPLICATION. ONCE COMPLETED AND RETURNED TO YOU, SEND/DELIVER YOUR COMPLETED APPLICATION WITH THE 3 REFERENCE LETTERS TO THE SUNAPEE POLICE DEPARTMENT.

SUNAPEE POLICE DEPARTMENT
9 Sargent Road, P.O. Box 91, Sunapee, NH 03782

David P. Cahill
Chief of Police

Telephone: 603-763-5555
Fax: 603-763-4771

PISTOL / REVOLVER LICENSE REFERENCE LETTER

Date: _____

Reference's Name: _____

Reference's Address: _____

HANDGUN PERMIT FOR (Name): _____

The above-named person is using your name as a reference on an Application to carry a handgun. Please provide the following information to assist us in determining the propriety of issuing this license.

To your knowledge, has the applicant ever had a handgun license denied in this or any other state?
_____ Yes _____ No

To your knowledge, has the applicant ever been a user of drugs or narcotics except under the direction of a physician?

_____ Yes _____ No

To your knowledge, has the applicant ever been convicted of a felony in this or any other state that has not been annulled?

_____ Yes _____ No

To your knowledge, has the applicant ever been treated for mental illness, an emotional disorder, or confined to an institution?

_____ Yes _____ No

If the answer to any of the above questions is yes or if you know of any reason that the applicant should be denied a license to carry a handgun, or if you would care to make any comment whatsoever, please explain on the reverse side of this letter.

Please return this form with the completed Application. Thank you.

Signature _____ **Date:** _____