



DATE APPLICATION _____
 RCVD: _____
 FEE PAID: _____
 CK# _____
 CASH
 RCVD BY: _____

FTN: _____
 LIC#: _____

Town of Westford
POLICE DEPARTMENT
 53 Main Street
 Westford, MA 01886

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

COMPLETED APPLICATIONS SHOULD BE RETURNED TO THE RECORDS DEPARTMENT, LOCATED IN THE LOBBY OF THE WESTFORD POLICE STATION. DO NOT MAIL THIS APPLICATION TO THE FIREARMS RECORD BUREAU.

PLEASE CHECK ONE:

- NEW APPLICANT
 RENEWAL - MOST RECENT LTC OR FID CARD NUMBER _____

ISSUED FROM WHICH CITY or TOWN: _____, MA. EXPIRATION DATE _____

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:

- FIREARMS IDENTIFICATION CARD (FID) - RESTRICTED (PEPPER SPRAY)
 FIREARMS IDENTIFICATION CARD (FID)
 CLASS B LICENSE TO CARRY (LTC)-NON LARGE CAPACITY
 CLASS A LICENSE TO CARRY (LTC)-LARGE CAPACITY
 LICENSE TO POSSESS A MACHINE GUN
 CHECK IF A CLUB LICENSE

* NOTE: ONLY THE COLONEL OF THE MASSACHUSETTS STATE POLICE CAN ISSUE A CLUB LICENSE.

1. IF THE APPLICATION IS FOR YOUR **FIRST** FIREARMS IDENTIFICATION CARD (FID) OR A LICENCE TO CARRY (LTC), A COPY OF THE FIREARMS SAFETY CERTIFICATE OR HUNTERS SAFETY COURSE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION.

CERTIFICATE INCLUDED WITH APPLICATION: YES NO

2. IF ISSUED FOR **EMPLOYMENT PURPOSES**, A LETTER FROM EMPLOYER ON COMPANY LETTERHEAD REQUESTING ISSUANCE AND REASON MUST BE INCLUDED ALONG WITH APPLICATION.

LETTER INCLUDED WITH APPLICATION: YES NO

3. ARE YOU APPLYING FOR THIS LICENCE AS A **BUSINESS OWNER** IN THIS TOWN? YES NO

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ SUFFIX _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

MOTHERS MAIDEN NAME - LAST _____ FIRST _____ FATHERS NAME - LAST _____ FIRST _____

OCCUPATION _____ DRIVER'S LIC. NO. _____ SOC. SEC. # _____

RESIDENTIAL ADDRESS NO. & STREET _____ TOWN _____ STATE _____ ZIP CODE _____

SAME AS ABOVE
 MAILING ADDRESS NO. & STREET _____ TOWN _____ STATE _____ ZIP CODE _____

(_____) _____
 TELEPHONE NO

**EMPLOYER INFORMATION REQUIRED IF THIS LICENSE IS BEING ISSUED FOR EMPLOYMENT PURPOSES.*

EMPLOYED BY: _____

EMPLOYER ADDRESS _____

(_____) _____
EMPLOYER TELEPHONE NO. EXT

PHYSICAL ATTRIBUTES

HEIGHT _____ WEIGHT _____ MALE FEMALE _____
SEX: BUILD
EYE COLOR _____ COMPLEXION _____ HAIR COLOR _____

BACKGROUND QUESTIONS

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 s. 131).

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY.

1. ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF NATURALIZED, PLEASE PROVIDE: DATE: _____
PLACE: _____
NATURALIZATION NO.: _____

2. WHAT IS YOUR AGE? _____

NOTE: YOU MUST BE 21 YEARS OF AGE TO APPLY FOR A LICENSE TO CARRY FIREARMS (LTC). YOU MUST BE 18 YEARS OF AGE TO APPLY FOR A FIREARMS IDENTIFICATION CARD (FID) OR IF 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 (FID).

3. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

4. HAVE YOU EVER BEEN CONVICTED OF THE UNLAWFUL USE, POSSESSION, OR SALE OF NARCOTIC OR HARMFUL DRUG AS DEFINED IN M.G.L. c.94C s. 1? YES NO

5. HAVE YOU EVER BEEN CONVICTED OF A CRIME PUNISHABLE BY INCARCERATION BY MORE THAN (1) ONE YEAR? YES NO

6. 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. C140 s.121; (D) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION, OWNERSHIP, SALE, TRANSFER, RENTAL, RECEIPT OF 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.94C s. 1? YES NO

7. HAVE YOU EVER BEEN CONFINED TO ANY HOSPITAL OR INSTITUTION FOR MENTAL ILLNESS? YES NO

8. ARE YOU OR HAVE YOU EVER BEEN UNDER TREATMENT FOR OR CONFINEMENT FOR DRUG ADDICTION OR HABITUAL DRUNKENNESS? YES NO
9. HAVE YOU EVER APPEARED IN ANY COURT AS A DEFENDANT FOR ANY CRIMINAL OFFENSE (EXCLUDING NON-CRIMINAL TRAFFIC OFFENSES)? YES NO
10. ARE YOU NOW UNDER ANY CHARGE(S) FOR ANY OFFENSE(S) AGAINST THE LAW? YES NO
11. ARE YOU NOW OR HAVE YOU EVER BEEN SUBJECT OF A M.G.L. c.209A RESTRAINING ORDER OR INVOLVED IN A DOMESTIC VIOLENCE CHARGE? YES NO
12. HAS ANY LICENSE TO CARRY FIREARMS, PERMIT TO POSSESS FIREARMS, OR FIREARMS IDENTIFICATION CARD ISSUED UNDER THE LAWS OF ANY STATE OR TERRITORY EVER BEEN SUSPENDED, REVOKED, OR DENIED? YES NO
13. ARE YOU CURRENTLY THE SUBJECT OF ANY OUTSTANDING ARREST WARRANT IN ANY STATE OR FEDERAL JURISDICTION? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS 3-13, GIVE DETAILS WHICH MUST INCLUDE DATES, CIRCUMSTANCES AND LOCATION.

IF NECESSARY, USE A SEPARATE SHEET OF PAPER

PREVIOUS NAMES OR ALIASES:

1. HAVE YOU EVER USED OR BEEN KNOWN BY ANOTHER NAME? YES NO
 IF YES, LIST NAMES/ALIASES _____

PREVIOUS RESIDENCES:

1. HAVE YOU EVER RESIDED IN A STATE, TERRITORY, OR JURISDICTION OTHER THAN MASSACHUSETTS? YES NO
 IF YES, WHERE (TOWN/CITY & STATE)
1. _____ 2. _____
3. _____ 3. _____

PREVIOUS LICENSES:

1. HAVE YOU EVER HELD A LICENSE TO CARRY IN ANY OTHER STATE, TERRITORY OR JURISDICTION? YES NO
 IF YES, LIST WHERE, WHEN AND LICENSE NUMBER
1. _____ 2. _____
3. _____ 4. _____

REFERENCES:

LIST NAME ADDRESS AND TELEPHONE NUMBER OF TWO REFERENCES BELOW:

1. _____
 LAST NAME, FIRST NAME TEL.NUMBER

 ADDRESS TOWN STATE

2. _____
 LAST NAME, FIRST NAME TEL.NUMBER

 ADDRESS TOWN STATE

REASONS FOR APPLYING:

PLEASE LIST THE 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 SUCH CARD (M.G.L. c.140 s.131 (1)).

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 s.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 s. 129 &131.

SIGNED UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT DATE

***RETURN OR MAIL COMPLETED APPLICATION TO THE RECORDS DEPARTMENT, IN THE LOBBY, OF THE WESTFORD POLICE STATION. APPLICATION WILL NOT BE ACCEPTED WITHOUT PROCESSING FEE.**

DO NOT MAIL TO THE MASSACHUSETTS STATE FIREARMS RECORD BUREAU.