

STATE OF NEW HAMPSHIRE APPLICATION FOR NON-RESIDENT PISTOL / REVOLVER LICENSE

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Hair Eyes	SexRace	Date of Application Home-State Permit No. Driver's License No. Social Security No. Telephone No. Original Record Check
Hair Eyes	Zip	Date of Application Home-State Permit No. Driver's License No. Social Security No. Telephone No. Original Record Check Renewal Fee Received United States Citizen YES / NO / If NO, you MUST provide the following: AR#: COUNTRY OF CITIZENSHIP:
different from ab	Zip Sex Race	Home-State Permit No. Driver's License No. Social Security No. Telephone No. Original Record Check Renewal Fee Received United States Citizen YES / NO / If NO, you MUST provide the following: AR#: COUNTRY OF CITIZENSHIP:
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Hair Eyes	SexRace	Original Record Check Renewal Fee Received United States Citizen YES / NO / If NO, you MUST provide the following: AR#: COUNTRY OF CITIZENSHIP:
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icense to car onvicted of a	rry denied in this or any a felony, in this or any o	other state, which has not been annulled? Yes No
djudicated a	s a mental defective by	y a court or committed by a court to any Yes No
	•	eanor of domestic violence? Yes No stol in New Hampshire? (see reverse side)
dress of three	e (3) references:	
	(2)	(3)
(NAME)	(=)	(NAME) (NAME)
ADDRESS)		(ADDRESS) (ADDRESS)
i	cense to cal convicted of a ser of or add djudicated a convicted in a you make a	cense to carry denied in this or any convicted of a felony, in this or any corrected of a dicted to any controlled djudicated as a mental defective by convicted in any court of a misdeme you make application to carry a picturess of three (3) references: (NAME)

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be will be just cause for refusal of any application of any license issued under the provisions of RSA:159 and is punishable under RSA 641:3.

- I understand that any information I give may be investigated as allowed by law.
- I consent to the release of information about my ability and fitness to carry a pistol/revolver by employers, schools, medical/ psychiatric services, law enforcement agencies, and other individuals and organizations, to my local police chief, his designee, and/or authorized employees of the State of New Hampshire.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

X	SIGNATURE OF APPLICANT:	Approved	
		Date	
D00D00	00 (DEV 00/40)	-	

** NON-RESIDENT APPLICATION INSTRUCTIONS **

* ALL LICENSE APPLICANTS - - PLEASE NOTE:

A non-resident pistol permit will not be issued unless you supply:

1) A copy (front & back) of your valid concealed carry permit issued by the state, county, or town in which you reside, or a valid concealed permit issued by any other state.

OR IF YOU ARE A VERMONT RESIDENT:

- 2) A letter from your local police department, verifying that the state you reside in does not require a license to carry concealed, and that, to the best of the departments' knowledge:
 - a) You have never been denied a license to carry.
 - b) You have never been convicted of a felony which has not been Annulled,
 - c) You are not a user of controlled drugs or narcotics without orders from a physician,
 - d) You have not been treated for mental illness, emotional problems, or confined to a mental health facility,
 - e) You have no domestic violence petitions that would prevent possession of weapons under federal statute, and
 - f) In any court of a misdemeanor of domestic violence.

A license to carry a loaded handgun may be issued for PROTECTION or ALL PROPER PURPOSES. One or more of these reasons must be noted on the application, in the space provided for reason(s) you make application to carry a pistol in New Hampshire.

*In addition: RENEWAL APPLICANTS - - PLEASE NOTE:

In order to expedite license issuance procedures for those applicants who currently hold a valid NH handgun license, and are submitting a renewal application WITHIN 30 DAYS OF EXPIRATION, it will be necessary for the applicant to record on the application form the license number and date of expiration of their handgun license.

Mail to: NH State Police

Permits and License Unit

33 Hazen Drive Concord, NH 03305

FEE FOR ALL NON-RESIDENT APPLICATIONS: \$100.00 (Four Year Permit)

Make checks payable to: STATE OF N.H. - TREASURER