

LYNN POLICE DEPARTMENT
GUN PERMIT – FID APPLICATION

OFFICE USE ONLY

| | | | |
|-------------|---------------|----------------|------------------------|
| NEW _____ | RENEWED _____ | REPLACED _____ | |
| INS # _____ | LIC # _____ | PERMIT # _____ | |
| BC | GP | ACC | ENTERED IN COMP. _____ |
| RC | WAR | INC | |
| DL | RO | | DMH _____ |
| BIL | ARR | | |
| COMP | CIT | | STATE POLICE _____ |

APPLICANT'S EMAIL ADDRESS:

Last Name _____ First Name _____ M. _____

CIRCLE ONE

YES **NO** Are you now or have you ever been a defendant in a Domestic Abuse Prevention Case (G.L. 209A)?
If yes, please specify below.

YES **NO** Have you ever been criminally charged with an offense involving Domestic Abuse?
If yes, please specify below.

NOTICE False Statements or Failure to disclose information in any Domestic Abuse Prevention Case will be grounds to designate the Applicant as an "UNSUITABLE PERSON", which pursuant to (G.L. Ch. 140 Section 131) will be grounds for Denial-Revocation of any or all Permits or License.

X Applicant's Signature _____ DATE _____

DO NOT FILL IN THIS SECTION UNTIL REQUESTED TO DO SO

I AUTHORIZE The Lynn Police Department to review any records from the Lynn District Court Clinic or any Mental Health Facility to determine whether there is any history of mental illness. This release is valid for 30 days from date below.

X Signature _____ DATE _____ Witness _____

1. \$100.00 check or money order, made payable to "City of Lynn" Non-Refundable Application Fee for LTC or FID. There is NO FEE for Applicants 70 years or older who are renewing their LTC or FID.
2. All applicants must be a resident of Lynn and be at least 21 years of age.
3. Renewals and New Applicants must have a Birth Certificate, U.S. Passport or Certificate of Naturalization.
4. MA Driver's License or MA ID
5. Two current bills (i.e. – utility, medical, dental, credit card) (within three (3) months) that show proof of residency – must have FULL NAME and ADDRESS.
6. New Applicants for LTC/FID must bring their original certificate of competency course given by a **State Certified Instructor**. This Certificate must be dated within one (1) year of appointment.

APPLICATIONS ARE ACCEPTED **via mail or drop off** –
Email Cheryl with any questions at kozlosky@lynnpolice.org.



**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 (Optional) | Drivers 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.

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 a certificate of parent or guardian granting permission to apply for a FID card or FID card – Restricted).

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. c. 94C, § 1? YES NO

8. Have you ever been convicted of a violent crime or a 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.

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, territory or jurisdiction?

YES NO

If "YES", when, where, and license number? _____

List the name and addresses of two references (as required by your licensing authority)

1.

| | | | |
|-----------|------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | | |
| _____ | _____ | _____ | _____ |
| Address | City/Town | State | Zip |

2.

| | | | |
|-----------|------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | | |
| _____ | _____ | _____ | _____ |
| Address | City/Town | State | Zip |

Reason(s) for requesting the issuance of a card or 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, §§ 129B(8), 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

Complete this form **only** if you are **renewing** your firearms license.

License Holder Name: _____

Current LTC or FID card Number: _____

Please select 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 Stolen | Date Reported Lost or Stolen | Reported to (Police Dept.) | 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: _____