

LYNN POLICE DEPARTMENT
LTC – FID APPLICATION

OFFICE USE ONLY

NEW _____	RENEWED _____	REPLACED _____
INS # _____	LIC # _____	PERMIT # _____
BC-PP	ENTERED IN COMP. _____	
RC	_____	
DL	DMH _____	_____
BIL	_____	
COMP	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. New and Renewals Applicants must have:
 - a. If born in the United States, a Birth Certificate or U.S. Passport
 - b. If not born in the United States, a Certificate of Naturalization, Permanent Resident Card, or U.S. Passport.
 - Photo copies of all documents ARE accepted.
4. MA Driver's License or MA ID
5. Two current bills of different companies (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.**



**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
mass.gov/cjis | TTY: 617-660-4606

PD USE ONLY	
FTN:	_____
LIC #:	_____

You must submit this form 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).

5. Have you ever been arrested or appeared in court as a defendant for any criminal offense? YES NO

6. Are you the subject of any pending criminal charges? YES NO

7. Have you ever been convicted of a felony? YES NO

8. 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

9. Have you ever been convicted of a violent crime or a crime of domestic violence? YES NO

10. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction? YES NO

11. 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

12. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? YES NO

13. 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:

- Target & Hunting
 Sporting
 Employment
 Unrestricted (use lines below to indicate the reason(s) you are requesting an unrestricted LTC; 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: _____