New LTC-FID Applications

The following documentation is required to apply for a New LTC or FID. Please complete the paperwork prior to your appointment. We will make a copy of the required documents, also a photograph and fingerprints will be completed at the time of your appointment.

- Completed application
- Valid MA Driver’s License or State ID and a utility bill as proof of residency
- A copy of your birth certificate (US citizen by birth) or a copy of your Passport- Naturalization Papers or permanent residency Card, whichever is applicable.
- Copies of certificates you have received from training courses (must be live fire training and indicated on your certificate).
- Cash in the amount of $100.00, or a check/money order for $100.00 made payable to City of Springfield.

Please call or e-mail the Springfield Police Department Clerks’ office for questions and to schedule an appointment for the processing of your application.

Phone: 413-787-6310  
Email: LTCFID@springfieldpolice.net

Please include a telephone number on all correspondence.

When the application is approved and completed we will mail the firearms card via USPS to the address listed on your application.

Please review Application requirements for additional information regarding obtaining a LTC-FID on this website.
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 POSSE 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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residential Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

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 | Eyes Color
Occupation | Social Security Number | Drivers License Number

Employed By | Business Address

City/Town | State | Zip | Telephone Number

LTC-FID Application – Revised May 2015

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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: ____________________________
Springfield Police Department
PRINT OR TYPE ALL INFORMATION

SOCIAL SECURITY NUMBER: ________________________________ .

NAME: ________________________________________________ .
    LAST                FIRST                MIDDLE

ADDRESS: ________________________________________________ .

CITY: __________________________________ STATE: ____________ .

DATE OF BIRTH: ________________________________________ .

PLACE OF BIRTH: __________________________ CITY/TOWN:
    STATE/COUNTRY

PHONE #:  HOME         CELL ________________________________ .

SEX: ____________________  RACE: _______  HEIGHT: _______  WEIGHT: _______

EYE COLOR: ________________________  HAIR COLOR: ______________ .


MARRIED: _______  SINGLE: _______  DIVORCED: _______  ____________________ .

SPOUSE FULL NAME-MAIDEN: ________________________________ .

FATHER’S NAME: ________________________________________ .

MOTHER’S FULL NAME-MAIDEN: ________________________________ .

PRESENT OCCUPATION: __________________________________ .

EMPLOYER: ____________________________________________ .

ADDRESS: ________________________________________________ .
    STREET ___________________________________ CITY AND STATE

*****DO NOT FILL BELOW THIS LINE FOR POLICE USE ONLY*****

ID USED: DRIVERS LIC: ___________________________________ .
    NUMBER ___________________ EXP. DATE

    PASSPORT: __________________________ COUNTRY
    ___________________ NUMBER EXP. DATE

    OTHER: ___________________________ TYPE
    ___________________ NUMBER EXP. DATE

NEW: ____________________________ RENEW: ______________ .

F/A #: ____________________________ IF NEW APPLICANT ONLY