THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE
OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
mass.gov/firearms-services

PD USE ONLY
FTN: _____
LIC #: _____

Submit this form and direct any questions to your local police department

LICENSE APPLICATION
RESIDENT FIREARMS LICENSE APPLICATION

CHECK ONE:

__ New Applicant

__ Renewal - most recent license number: _____

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):

__ Self-Defense Spray Permit

__ Firearms Identification Card

__ License to Carry

__ License to Possess Stun Gun Only

__ License to Possess a Machine Gun

__ Gun Club License (only the Colonel of the State Police can issue a gun 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) | Email address

Mother's First Name | Mother's Maiden Name | Father's First Name | Father's Last Name

Height | Weight | Gender | Race | Ethnicity | 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. What is your age? _____

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

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

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

6. Have you ever been the subject of a restraining order or criminal harassment order issued by a Massachusetts court or by a court in another jurisdiction?
☐ YES ☐ NO

7. Have you ever been committed by a court to a hospital for mental illness, or alcohol or substance abuse?
☐ YES ☐ NO

8. Has any firearms license issued to you by any state or territory ever been suspended, revoked, or denied?
☐ YES ☐ NO

9. Have you been dishonorably discharged from the armed forces of the United States?
☐ YES ☐ NO

10. Have you ever been the subject of an order of any court appointing a guardian or conservator?
☐ YES ☐ NO

If you answered "YES" to any of the questions 2-10, give details including 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", please indicate which state(s):_____

_____

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 _____ _____

day month year

Signature of Applicant: _____

Springfield Police Department

PRINT OR TYPE ALL INFORMATION

SOCIAL SECURITY NUMBER: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____ EMAIL ADDRESS: _____

CITY: _____ STATE: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____
CITY/TOWN STATE/COUNTRY

PHONE #: HOME _____ CELL _____

SEX: (circle one) FEMALE MALE NON BINARY _____

RACE: (circle one)

- ASIAN INDIAN OR PACIFIC ISLANDER
- BLACK OR AFICAN
- AMERICAN INDIAN OR ALASKIN NATIVE
- CAUCASION, HISPANIC-LATINO, MIDDLE EASTERN

HEIGHT: WEIGHT: EYE COLOR: HAIR COLOR: _____

R-HANDED: L. HANDED: BOTH: _____

MARRIED: SINGLE: DIVORCED: _____

SPOUSE FULL NAME-MAIDEN: _____

YOUR FATHER'S NAME: _____

YOUR MOTHER'S FULL NAME-MAIDEN: _____

YOUR PRESENT OCCUPATION: _____

YOUR EMPLOYER: _____

EMPLOYER'S 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: _____

NEW: RENEW: .

F/A #: .

IF NEW APPLICANT ONLY