



The Commonwealth of Massachusetts  
Criminal History Systems Board

Firearms Record Bureau  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150

FTN: \_\_\_\_\_

LIC #: \_\_\_\_\_

Application

FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR  
LICENSE TO CARRY FIREARMS OR LICENSE TO POSSESS A MACHINE GUN  
(MGL C.140, s.129B AND s.131)

Please Check One

New Applicant

Renewal - Most Recent License to Carry/FID Number: \_\_\_\_\_

Issued from Which City/Town? \_\_\_\_\_ MA Expiration Date: \_\_\_\_\_

\*NOTE: If application is for first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached to this application.

Please Check the Type of License for Which You are Applying

(Please Check Only One)

Firearms Identification Card - Restricted (mace and pepper spray)

Firearms Identification Card

Class B License to Carry - Non-Large Capacity

Class A License to Carry - Large Capacity

License to Possess a Machine Gun

Check if a Class A Gun Club License \*NOTE: 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

\_\_\_\_\_  
Gun Club Address (If Applicable) City State Zip Code Telephone Number

\_\_\_\_\_  
Date of Birth Place of Birth

\_\_\_\_\_  
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

**Please Answer the Following Questions Completely and Accurately**

1. Are you a citizen of the United States? \_\_\_\_\_  
If naturalized give date, place and naturalization number  

	Date	Place	Naturalization No.
  
2. Have you ever used or been known by another name? \_\_\_\_\_  
If yes, provide name and explain: \_\_\_\_\_  
\_\_\_\_\_
  
3. What is your age? \*You must be 21 years of age to apply for a License To Carry Firearms, 18 years of age to apply for a Firearms Identification Card, 15 years of age but less than 18 years of age with submission of a certificate of parent or guardian granting permission to apply for a Firearms Identification Card. \_\_\_\_\_
  
4. Have you ever been convicted of a felony? \_\_\_\_\_
  
5. Have you ever been convicted of the unlawful use, possession, or sale of narcotic or harmful drugs as defined in M.G.L. c. 94C sec. 1? \_\_\_\_\_
  
6. Have you ever been convicted of a crime punishable by incarceration by more than one (1) year? \_\_\_\_\_
  
7. In any state or federal jurisdiction have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child for the commission of (a) a felony; (b) a misdemeanor punishable by imprisonment for more than 2 years; (c) a violent crime as defined in MGL C140.s.121; (d) a violation of any law regulating the use, possession, ownership, sale, transfer, rental, receipt or transportation of weapons or ammunition for which a term of imprisonment may be imposed; or (e) a violation of any law regulating the use, possession or sale of controlled substances as defined in section 1 of MGL 94C? \_\_\_\_\_
  
8. Have you ever been confined to any hospital or institution for mental illness? \_\_\_\_\_
  
9. Are you or have you ever been under treatment for or confinement for drug addiction or habitual drunkenness? \_\_\_\_\_
  
10. Have you ever appeared in any court as a defendant for any criminal offense (excluding non-criminal traffic offenses)? \_\_\_\_\_
  
11. Are you now under any charge(s) for any offense(s) against the law? \_\_\_\_\_
  
12. Are you now or have you ever been the subject of a M.G.L. C209A restraining order or involved in a domestic violence charge? \_\_\_\_\_
  
13. Has any License to Carry Firearms, Permit to Possess Firearms, or Firearms Identification Card issued under the laws of any state or territory ever been suspended, revoked, or denied? \_\_\_\_\_
  
14. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? \_\_\_\_\_

**If You Answered "YES" to any of the Questions 4-14, Give Details Which Must Include Dates, Circumstances and Location**

---

---

---

---

Other than Massachusetts, in what state, territory or jurisdiction have you resided? \_\_\_\_\_

Have you ever held a License to Carry in any other state, territory or jurisdiction? \_\_\_\_\_

If "YES", when, where and license number? \_\_\_\_\_

**List the Name and Addresses of Two References**

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: \_\_\_\_\_

---

---

**\*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 (MGL c.140, §§ 129B(8) and 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.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

Signature of Applicant: \_\_\_\_\_