

STATE OF MAINE
APPLICATION FOR A PERMIT TO
CARRY CONCEALED FIREARMS
(RESIDENT)

NEW: _____ RENEWAL: _____

OFFICE USE ONLY	
CHECK#: _____	\$ _____
LICENSE#: _____	
DATE ISSUED	DATE DENIED
if issued, date of expiration:	
knowledge of handgun safety:	

Full Name (Last, First, Middle): _____

Previous Legal Names, If Any: _____

Aliases, If Any: _____

Current Address: Street(No P.O. Boxes) _____ Town _____ State _____ Zip _____

Telephone #: Home () _____ - Work () _____ -

Birth Date:	Birthplace:	U.S. Citizen:	Social Security #:
Race:	Eye Color:	Hair Color:	Height: _____ Weight: _____

LIST ALL PREVIOUS ADDRESSES FOR THE PAST FIVE YEARS:

Street/RFD (No P.O. Boxes) _____ City/Town _____ State _____ Zip _____

LIST OF ALL PREVIOUSLY ISSUED PERMITS TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR ANY OTHER JURISDICTION. For each permit previously issued, please identify the issuing authority (e.g. Massachusetts State Police; Portland P.D.; Town of Shapleigh, Seictmen) and the date the permit was issued.

LIST OF ALL PREVIOUS REFUSALS TO ISSUE PERMITS TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each refusal or denial of a permit, please identify the agency which refused to issued or denied the permit, and the date of denial or refusal.

LIST OF ALL PREVIOUS REVOCATIONS OF A PERMIT TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR ANY OTHER JURISDICTION. For each revocation, please identify the agency or authority which revoked the permit and the date it was revoked.

CIRCLE APPROPRIATE ANSWER AFTER EACH QUESTION:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you less than 18 years of age? | Yes | No |
| 2. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a crime that is punishable by one year or more imprisonment or for any other crime alleged to have been committed by you with the use of a dangerous weapon as defined in Title 17-A, Section 2, Subsection 9, or of a firearm against another person? | Yes | No |
| 3. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that involves conduct that, if committed by an adult, would be punishable by one year or more imprisonment or for any other juvenile offense alleged to have been committed by you with the use of a dangerous weapon, as defined in Title 17-A, Section 2, Subsection 9, or of a firearm against another person? | Yes | No |
| 4. Have you ever been convicted of a crime described in question #2 (above) or adjudicated as having committed a juvenile offense as described in question #3 (above)? | Yes | No |
| 5. Are you a fugitive from justice? | Yes | No |
| 6. Are you a drug abuser, drug addict, or drug dependent person? | Yes | No |
| 7. Do you have a mental disorder that causes you to be potentially dangerous to yourself and others? | Yes | No |
| 8. Have you been adjudicated to be an incapacitated person pursuant to Title 18-A, Article V, Parts 3 and 4, and not had that designation removed by an order under Title 18-A, Section 5-307, Subsection (b)? | Yes | No |
| 9. Have you been dishonorably discharged from the United States Armed Forces within the past 5 years? | Yes | No |
| 10. Are you an illegal alien? | Yes | No |
| 11. Have you been convicted of a violation of Title 17-A, Section 1057(criminal possession of a firearm in an establishment licensed for on-premises consumption of alcohol) within the past 5 years? | Yes | No |

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 12. Have you been adjudicated within the past 5 years as having committed a juvenile offense involving conduct that, if committed by an adult, would be a violation of Title 17-A, Section 1057 (criminal possession of a firearm in an establishment licensed for on-premises consumption of alcohol)? | Yes | No |
| 13. To your knowledge, have you been the subject of an investigation by any law enforcement agency within the past 5 years regarding the alleged abuse by you or your family or members of your household? | Yes | No |
| 14. Have you been convicted within the past 5 years of 3 or more crimes (including traffic offenses) punishable by imprisonment of less than 1 year? | Yes | No |
| 15. Have you been adjudged within the past 5 years to have committed 3 or more juvenile offenses involving conduct that, if committed by an adult, would be punishable by imprisonment of less than 1 year? | Yes | No |
| 16. To your knowledge, have you engaged within the past 5 years in reckless or negligent conduct that has been the subject of an investigation by a governmental entity? | Yes | No |
| 17. Have you been convicted within the past 5 years of any Title 17-A, Chapter 45 drug crime? | Yes | No |
| 18. Have you been adjudicated to have committed a juvenile offense involving conduct that, if committed by an adult, would have been a violation of Title 17-A, Chapter 45? | Yes | No |
| 19. Have you been adjudged to have committed the civil violation of possession of a useable amount of marijuana, butyl nitrite, or isobutyl nitrite in violation of Title 22, section 2383 within the past 5 years? | Yes | No |
| 20. Have you been adjudicated within the past 5 years as having committed the juvenile offense (defined in Title 15, section 3103, subsection 1, paragraph B) of possession of a useable amount of marijuana, as provided in Title 22, section 2383? | Yes | No |

YOU MUST SUBMIT WITH THIS APPLICATION
THE PROPER APPLICATION FEE AS REFERRED TO
IN THE FOLLOWING APPLICATION FEE SCHEDULE:

ORIGINAL APPLICATION - \$35.00
RENEWAL APPLICATION - \$20.00

READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION:

BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT, YOU:

1. Certify that the statements you have made thereon, and any documents you make a part hereof, are true and correct.
2. Certify that you understand that a "yes" answer to question #1 or any of the questions numbered 4 through 12 is cause for refusal.
3. Certify that you understand that a "yes" answer to 1 or more of the questions numbered 2, 3, and 13 through 20 above will be used by this issuing authority, along with other information in judging good moral character under subsection 4 of section 2003 of Title 25.
4. Certify that any false statements made in this application or any documents you make a part thereof may result in criminal prosecution as provided in section 2004 of Title 25.
5. Certify that you understand, that at the request of this issuing authority, you will take whatever action is required of you by law to allow this issuing authority to obtain from the Maine Department of Mental Health and Mental Retardation (limited to patient committals to Augusta Mental Health Institute and Bangor Mental Health Institute), the courts, law enforcement agencies, the United States Armed Forces, the United States Immigration and Naturalization Service, and any prior issuing authority in the State of Maine or any other jurisdiction with which you have been involved, information relevant to the following:
 - a) The determination as to whether the information supplied on the application or any documents made a part of the application is true and correct;
 - b) The determination as to whether each of the additional requirements of section 2003 of Title 25 has been met;
 - c) The determination as to whether, if you are currently a permit holder, such permit must be revoked under section 2005 of Title 25; and,
 - d) The determination as to whether, if you are otherwise eligible and reapplying following an earlier revocation of a permit, you are eligible to do so under section 2005 of Title 25 or section 1057 of Title 17-A.
6. Certify that you understand that if fingerprints are required by this issuing authority in order to resolve any question as to your identity, you will submit to being finger printed.
7. Certify that you understand that if a photograph is an integral part of the permit to carry concealed firearms adopted by this issuing authority, you will submit to being photographed for that purpose.
8. Certify that you understand that you must demonstrate to this issuing authority a knowledge of handgun safety as required by Title 25, section 2003, subsection 1, paragraph E, subparagraph

5 unless you demonstrate that you are exempted under that same subparagraph.

9. Certify that you have received a copy of the pamphlet entitled "LAWS RELATING TO PERMITS TO CARRY CONCEALED FIREARMS" issued by the Bureau of Maine State Police.

Under penalties of perjury, I believe that the statements in this written application and any documents made a part thereof are, to the best of my knowledge and belief, true, correct, and complete.

Applicant's Signature

Date

Witness

Date

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND THE APPROPRIATE FEE MUST ACCOMPANY THIS APPLICATION OR THE APPLICATION WILL BE RETURNED.

AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE PURPOSE OF EVALUATING INFORMATION SUPPLIED ON MY APPLICATION FOR A CONCEALED FIREARMS PERMIT UNDER 25 M.R.S.A. CHAPTER 252.

TO ALL LAW ENFORCEMENT AGENCIES, INCLUDING COURTS, BOTH WITHIN AND WITHOUT THE STATE OF MAINE:

I hereby authorize and direct you to release to the issuing authority or its representative bearing this release, or a copy thereof, within 4 months after the date appearing below, any information in your possession or control concerning me pertaining to the following:

1. conviction data;
2. any criminal matter in which a formal charging instrument is now pending;
3. adjudication data relating to any juvenile offense which involves conduct which, if committed by an adult, would be a crime;
4. any juvenile matter in which a formal charging instrument is now pending involving any juvenile offense described in #3 above;
5. fugitive from justice status;
6. incidents or abuse of family or household members within the past 5 years;
7. drug abuse, drug addiction, or drug dependency;
8. adjudication as an incapacitated person;
9. any mental disorder that causes me to be potentially dangerous to myself or others;
10. reckless or negligent conduct within the past 5 years.

TO ALL PRIOR ISSUING AUTHORITIES, BOTH WITHIN AND WITHOUT THE STATE OF MAINE:

I hereby authorize and direct you to release to the issuing authority or its representatives bearing this release, or a copy thereof, within the 4 months after the date appearing below, any information or record in your possession or control concerning me pertaining to any previous issuances of, refusals to issue and revocations of a permit to carry concealed firearms or other concealed weapons.

TO ALL MILITARY FORCES, BOTH STATE AND FEDERAL:

I hereby authorize and direct you to release to the issuing authority named below or its representative bearing this release, or a copy thereof, within the 4 months after the date appearing below, any information in your possession or control concerning me pertaining to dishonorable discharge from the United States Armed Forces within the past 5 years.

TO THE UNITED STATES IMMIGRATION AND NATURALIZATION SERVICE:

I hereby authorize and direct you to release to the issuing authority named below or its representative bearing this release, or a copy thereof, within the 4 months after the date indicated below, any information in your possession or control concerning me pertaining to being an illegal alien.

TO ALL ABOVE-ADDRESSED GOVERNMENTAL ENTITIES:

I hereby authorize and direct you to release to the issuing authority named below or its representative bearing this release, or a copy thereof, within the 4 months after the date indicated below, any information in your possession or control concerning me pertaining to the following:

1. my full name;
2. my full current address and addresses for the prior five years;
3. the date and place of my birth and my physical description;
4. my signature.

Should there be any questions as to the validity of this release, you may contact me at the address and/or telephone number listed below.

DATE: _____

APPLICANT'S FULL NAME: _____
typed/printed signed

APPLICANT'S MAILING ADDRESS: _____
APPLICANT'S TELEPHONE NUMBER: _____

NAME OF ISSUING AUTHORITY

NAME OF REPRESENTATIVE OF
ISSUING AUTHORITY

NOTE THAT ALL INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL BY VIRTUE OF 25 M.R.S.A., SUBSECTION 2006 AND MAY NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION OR COPYING BY THE ISSUING AUTHORITY UNLESS THE CONFIDENTIALITY IS WAIVED BY THIS APPLICANT BY WRITTEN NOTICE TO THIS ISSUING AUTHORITY.

