



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 POSSES 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**

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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: \_\_\_\_\_

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**\*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, s.131).

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 and may be used in a criminal proceeding pursuant to Massachusetts General Law Chapter 140, Section 129 and 131.

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

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