



## *The Carlisle Police Department*

*41 Lowell Street*

*Carlisle, MA 01741*

*Ph: 978-369-1155 Fax: 978-369-1819*

*Email: cpd@carlislepolice.com*



# NEW APPLICANTS

Residents who are applying for a License to Carry (L.T.C.) or Firearms Identification Card (F.I.D.) **for the first time** are required to submit the following paperwork.

- **Completed L.T.C./F.I.D. application**
- **Copy of Safety Course Certificate** (L.T.C. / F.I.D. Massachusetts Basic Firearms Safety Course) Current members of the U.S. Military or Massachusetts National Guard are no longer required to complete a basic firearms safety course.
- **Proof of Carlisle Residency**  
(A copy of any of the following will meet this requirement: utility bill, a copy of an excise or property tax bill from the Town of Carlisle, most recent bank or credit card statement, or most recent pay stub)
- **Check or Money Order payable to: Town of Carlisle** (no cash will be accepted)

**\*\*\*Failure to submit all required documents could result in your application being denied\*\*\***



# The Carlisle Police Department

41 Lowell Street

Carlisle, MA 01741

Ph: 978-369-1155 Fax: 978-369-1819

Email: cpd@carlislepolice.com



To: L.T.C/F.I.D License Applicants

From: Sergeant Andrew Booth / Officer Christopher Arguoyan

Please read this informational packet prior to filling out the enclosed application. This packet should answer any questions you might have about the licenses and application process. Incomplete or improperly filled out applications will delay the processing of your application. When filling out the application please fill in all information requested and be sure all answers are accurate. **Social Security numbers are required** on the attached form to process your application. Knowingly filing an application containing false information is a crime in Massachusetts and is grounds for denial and/or revocation of your firearm license. A thorough background investigation will be conducted on all applicants which include checks with the Massachusetts State Police criminal database and the Massachusetts Department of Mental Health.

After dropping off your application you will be contacted to set up a time for your interview during which time your fingerprints and photograph will be taken. New applicants and renewal applicants should expect the process to take up to eight weeks to receive their licenses. If you have any questions about the licensing process, call 978-369-1155.

### CURRENT FEE'S SET BY THE STATE

L.T.C. (Class A)	\$100.00
F.I.D. (Class C)	\$100.00
F.I.D. Restricted (Mace/Pepper Spray)	\$25.00 (ages 15-17)
	<b>***18 and older license no longer required***</b>
L.T.C. Renewal Applicant over 70 years of age	NO FEE
L.T.C. Renewal for Retired Law Enforcement	\$25.00

**\*\*\*No cash accepted, please make checks or Money Orders payable to the Town of Carlisle**

As of September 17, 2004 all licenses are valid for six (6) years. Licenses of those individuals who apply for a renewal before the expiration date of their current license will remain active until the application for renewal has been approved or denied.



PD USE ONLY	
FTN:	_____
LIC #:	_____

**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 POSSESS 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:**

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)
---------------	---------------------------------------

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
-----------	-------	-----	------------------

**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 filling an application that contains false information is a criminal offense.

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

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

**Massachusetts License to Carry (LTC)/Firearms Identification Card (FID) Affidavit**

Complete this form **only** if you are **renewing** your firearms license.

License Holder Name: \_\_\_\_\_

Current LTC or FID card Number: \_\_\_\_\_

*Please select one:*

**A.**  (No firearm(s) lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.
2. I have not lost one or more firearms or had any firearms stolen since the renewal or issuance of my last FID card or LTC.

**OR**

**B.**  (Firearm(s) reported lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.
2. I have lost one or more firearms or have reported stolen one or more firearms since the renewal or issuance of my last FID card or LTC.

*List all lost or stolen firearms below; use additional sheets as necessary.*

Lost or Stolen	Date Reported Lost or Stolen	Reported to (Police Dept.)	Type	Make	Model	Serial Number	Case Number

The above information is true and accurate to the best of my knowledge and belief.

***SIGNED UNDER THE PENALTIES OF PERJURY:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_