

Walpole, Massachusetts 02081

## WALPOLE POLICE DEPARTMENT

## FIREARMS LICENSE APPLICATION [REQUIREMENTS]



Phone: 508.668.1095 Fax: 508.668.0531

\*\*\*Please read carefully as missing information will delay processing\*\*\*

<u>APPLICATION</u>: Complete the State approved *Application for New/Renewal of a Firearms Identification Card (FID) or License to Carry Firearms (LTC)* in its entirety. Be sure to check both the front and back-sides of the application to ensure completion. All applicants must also sign and date the *Authorization form/Acknowledgment of the limits on the use of deadly force*.

Applicants are urged to carefully consider Question 4, found on Page 2 of the application. The question refers to any criminal charges brought forth against you. If you appeared in court as a defendant, you must answer the question "YES" and provide as much detail as possible. Failure to answer this question accurately and completely is grounds for denial of the application.

**LICENSING FEE:** Applicants must submit a State regulated, non-refundable administrative fee with the completed application.

## **FEE SCHEDULE**

Type of License	Cost	Fee Exemptions/Notes
LTC Unrestricted	\$100	Free for renewals 70 years old and older
FID 18 and older	\$100	Free for renewals 70 years old and older
FID under age 18	\$25	No Fee Exemption
FID (Class D - Restricted) (Mace and Pepper Spray only)	\$25	No Fee Exemption Permit required for under 18 only

## **HELPFUL RESOURCES:**

www.mass.gov/eopss/firearms-reg-and-laws/frb

(Firearms Forms, Frequently Asked Questions, Mass Gun Laws)

www.mass.gov/lists/massachusetts-firearms-laws

(Approved Firearms Safety Courses, Approved Firearm Safety/Locking Devices)

\*

REFERENCE THE CHECKLISTS ON NEXT THREE (3) PAGES TO ENSURE YOU SUBMIT ALL OF THE REQUIRED PAPERWORK

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Walpole, Massachusetts 02081

## WALPOLE POLICE DEPARTMENT

## FIREARMS LICENSE APPLICATION [SUMMARY CHECKLIST]



Phone: 508.668.1095 Fax: 508.668.0531

## **NEW APPLICANT CHECKLISTS**

# | Signed letter from employer on employer's letterhead indicating that possession of such a license to carry firearms is a requirement for the application is for employment purposes) | Cone (1) Self Addressed Stamped Envelope (Business Sized #10 – 4.25"x9.5")

FID
New Applicant Ages 18 and over
\$100 Check or Money Order made out to Town of Walpole.
Completed Application (skip page 4 of 4)
Signed and Dated Authorization form/Acknowledgement of the limits on the use of
deadly force
<ul><li>Certified Birth Certificate, Passport, or Certificate of Naturalization (no photocopies)</li></ul>
Proof of Residency (copy of tax bill, utility bill, etc.)
Mass State Police Basic Firearms Safety Certificate; or
Certificate issued by the Division of Fisheries and Wildlife
One (1) Self Addressed Stamped Envelope (Business Sized #10 – 4.25"x9.5")



## WALPOLE POLICE DEPARTMENT

## FIREARMS LICENSE APPLICATION [SUMMARY CHECKLIST]



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## **NEW APPLICANT CHECKLISTS Cont'd**

FID				
New Applicant				
Under 18 years old and at least 15 years old				
\$25 Check or Money Order made out to Town of Walpole				
Completed Application (skip page 4 of 4)				
Signed and Dated Authorization form/Acknowledgement of the limits on the use of deadly force				
<ul><li>Certified Birth Certificate, Passport, or Certificate of Naturalization (no photocopies)</li></ul>				
Proof of Residency (bank statement, letter from school, etc.)				
Letter from a parent or guardian granting permission for the child to obtain an FID Permit.				
Mass State Police Basic Firearms Safety Certificate; or				
Certificate issued by the Division of Fisheries and Wildlife				
One (1) Self Addressed Stamped Envelope (Business Sized #10 – 4.25"x9.5")				



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## FIREARMS LICENSE APPLICATION [SUMMARY CHECKLIST]



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## RENEWAL CHECKLISTS

## LTC CLASS A RENEWALS [Unrestricted]; or [Employment] Ages 21 and over only \$100 Check or Money Order made out to Town of Walpole. Application fee is waived if the applicant is 70 years old or older Proof of Residency (only required for new residents renewing in Walpole for the first time; New residents to Walpole also must include a photocopy of their most recent LTC Card). Completed Application (Complete all four (4) pages including affidavit – lost/stolen firearms Signed and Dated Authorization form/Acknowledgement of the limits on the use of deadly force Signed letter from employer on employer's letterhead indicating that possession of such a license to carry firearms is a requirement for the applicant's employment. (only required if application is for employment purposes) One (1) Self Addressed Stamped Envelopes (Business Sized #10 – 4.25"x9.5")

## FID Renewals All Ages \$100 Check or Money Order made out to Town of Walpole. Application fee is waived if the applicant is 70 years old or older Proof of Residency (only required for new residents renewing in Walpole for the first time; New residents to Walpole also must include a photocopy of their most recent LTC Card). Completed Application (Complete all four (4) pages including affidavit − lost/stolen firearms Signed and Dated Authorization form/Acknowledgement of the limits on the use of deadly force One (1) Self Addressed Stamped Envelopes (Business Sized #10 − 4.25″x9.5″)



**CHECK ONE:** 

New Applicant\*

Renewal - Most Recent License to Carry/FID Number:

## THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

## **Department of Criminal Justice Information Services**

200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4600 | TTY: 617-660-4606 | mass.gov/cjis

FTN: _	PD USE ONLY
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 POSSES A MACHINE GUN (M.G.L c. 140, §§ 129B, 131)

Hunter Saf		ificate must be at					arms Safety Certificate or n, a lost/stolen firearms
LICENS	E APPLICAT	ION TYPE (CI	neck Only One):				
_ Fireal _ Licen	rms Identification se to Carry se to Possess a	n Card Machine Gun	d (self-defense spra		ense)		
EXCEPT Last Name		TURE, PRINT	OR TYPE ALL  First Name	REQUESTE	D INFORM		Suffix
Residentia	Residential Address City			State	Zip Code	Telephone Number	
Mailing Ad	dress		City		State	Zip Code	Telephone Number
Date of Bir	th	Place of Birth	(City, State, Countr	у)			
Mother's First Name Mother's Maiden Name		den Name	Father's First Name Father's Last Name		ast Name		
Height	Weight	Build	Complexion	Hai	r Color	ı	Eye Color
Occupation		Social Security Number (Optional)		Drivers License Number			
Employed	Ву			Business Add	dress		
City/Town		State		Zip		Telepho	ne Number
LTC-FID Appli	cation - Revised May	y 2015					Page 1 of 4

## ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

wful permanent resident alien, give en card number and resident date	Green Card Number	Resident Since (date	;)
aturalized, give date, place I naturalization number		Naturalization No.	
ve you ever renounced your U.S. citizenship	?	□ YES	□ NO
at is your age? (You must be 21 to apprints of a certificate of parent or guardian granting permises	oly for a LTC, 18 to apply for a FID card, or 14 to 17 with sion to apply for a FID card or FID card – Restricted).		
ve you ever been arrested or appeared in co	urt as a defendant for any criminal offense?	□ YES	□ NO
you the subject of any pending criminal cha	rges?	□ YES	□ NO
ve you ever been convicted of a felony?		□ YES	□ NO
ve you ever been convicted of the unlawful udefined in M.G.L. c. 94C, § 1?	se, possession, or sale of controlled substances	□ YES	□ NO
ve you ever been convicted of a violent crime	e or a crime of domestic violence?	□ YES	□ NO
ve you ever been convicted as an adult or ad iny state or federal jurisdiction?	ljudicated a youthful offender or delinquent child	□ YES	□NO
you now, or have you ever been the subject a similar order issued by another jurisdiction?	t of a restraining order issued pursuant to M.G.L. c. 2	09A, □ YES	□ NO
you currently the subject of any outstanding	arrest warrant in any state or federal jurisdiction?	□ YES	□ NO
ve you ever been committed to any hospital of	or institution for mental illness, or alcohol or substance	e abuse? □ YES	□ NO
s any firearms license issued under the laws denied?	of any state or territory ever been suspended, revoke	ed, □ YES	□ NO
ve you been discharged from the armed force	es of the United States under dishonorable conditions	s? □ YES	□ NO
e you been the subject of an order of the pro	bate court appointing a guardian or conservator?	□ YES	□ NO
		lude dates,	
		nswered "YES" to any of the questions 2-15, give details which must inc tances and location; use a separate sheet of paper if necessary.	nswered "YES" to any of the questions 2-15, give details which must include dates, tances and location; use a separate sheet of paper if necessary.

На	ve you ever used or been known by anoth	er name?		☐ YES ☐ NO
If "	YES", provide name and explain:			
Ot	her than Massachusetts, in what state(s), t	erritory(ies), or jurisdiction(s) have y	ou lived?	□ NONE
	ve you ever held a firearms license in any YES", when, where, and license number?	other state, territory or jurisdiction?		□ YES □ NO
Lis 1.	st the name and addresses of two reference  Last Name	es (as required by your licensing aut First Name	thority)	
	Address	City/Town	State	Zip
2.	Addicas	Oity/10Wii	State	Σίρ
۷.	Last Name	First Name		
	Address	City/Town	State	Zip
	eason(s) for requesting the issuance of a call Unrestricted	☐ Sporting ☐ Employment	e sheet of paper if necessary	<b>(</b> )
\$5 such I d will info	"ARNING* Any person who knowingly files ar 00 nor more than \$1,000 or by imprisonment of fine and imprisonment (M.G.L c.140, §§ 12 eclare the above facts are true and complete I be just cause for denial or revocation of my lormation is a criminal offense.	for not less than 6 months nor more that 9B(8), 131(h)).  to the best of my knowledge and belief icense to carry firearms. I understand to	an 2 years in a house of con	rection, or by both
SIQ	gned under the penalties of perjury this	day of	month	year
Sig	gnature 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 or	ne:					
	A.	rm(s) lost or stolen sinc	e previous is	ssuance of LTC	or FID card)		
	1. (LTC) firearms.	I am renewing a Ma	ssachuset	ts firearms i	dentification	(FID) card or licens	e to carry
		I have not lost one o last FID card or LTC		earms or ha	ad any firearm	s stolen since the	renewal or
				<u>OR</u>			
	<b>B.</b> (Firearm(	s) reported lost or stole	en since prev	ious issuance	of LTC or FID car	d)	
	1. (LTC) firearms.	I am renewing a Ma	ssachuset	ts firearms i	dentification	(FID) card or licens	e to carry
	2.	I have lost one or m	ore firearr	ns or have i	eported stole	n one or more fire	arms since
	the renewal or	issuance of my last	FID card o	r LTC.			
	List all l	ost or stolen firearn	າs below; ເ	ıse addition	al sheets as n	ecessary.	
Lost or	st or Date Reported Reported to Type Make Model Serial Number Case Number						Case Number
Stolen	Lost or Stolen	(Police Dept.)					
	The above info	rmation is true and	accurate t	o the best o	of my knowled	ge and belief.	
	SIGNED UNDER	R THE PENALTIES OF	PERJURY:				
	Signature:				Date:		
						Page - 4 of 4	



## WALPOLE POLICE DEPARTMENT

## FIREARMS LICENSE APPLICATION [POLICY AND APPLICATION]



## **AUTHORIZATION FORM**

I have applied for a License to Carry Firearms or a Firearms Identification Card with the Walpole Police Department.

I hereby authorize the Licensing Authority of the Walpole Police Department to thoroughly investigate my background as necessary to determine my suitability for the issuance of a License to Carry Firearms or Firearms Identification Card. I fully understand that the existence of any criminal record will not only be checked with the Massachusetts Board of Probation, but as necessary with any other law enforcement agency or state Board of Probation.

## ACKNOWLEDGEMENT OF THE LIMITS ON THE USE OF DEADLY FORCE

In accordance with the authority granted by Massachusetts General Laws, C 140 Section 131, the licensing authority of the Town of Walpole has determined that every applicant for a license to carry firearms and every licensee shall be familiar with the legal limits on the use of deadly force under the laws of the Commonwealth of Massachusetts. Accordingly, all such applicants are required to read and sign this memorandum certifying that they have read it and understand it.

## Deadly Force in Self-Defense; General Rule

Before a person may resort to deadly force he must have (1) reasonable grounds to believe that he or she is in imminent danger of death or serious bodily injury from which he or she can save himself only by using deadly force; (2) have availed himself of all possible means to avoid physical combat before resorting to the use of deadly force and (3) use no more force than is reasonably necessary in all circumstances of the case.

## **In a Dwelling House**

In the prosecution of a person who is an occupant of a dwelling charged with killing or injuring one who was unlawfully in said dwelling, it shall be a defense that the occupant was in his dwelling at the time of the offense and that he acted in the reasonable belief that the person unlawfully in said dwelling was about to inflict great bodily harm or death upon said occupant or upon another person lawfully in said dwelling, and that such other occupant used reasonable means to defend himself or such other person lawfully in said dwelling.

said memorandum.	i of the limits of the use of deadly force and that I understand
Signature of Applicant	Date
Printed Name of Applicant	Email Address of Applicant