#### NAHANT POLICE DEPARTMENT



198 NAHANT ROAD, NAHANT, MA 01908-1298 Timothy M. Furlong, Chief of Police

> TEL. 781-581-1212 FAX 781-581-1907 www.nahantpolice.org

## NAHANT POLICE DEPARTMENT L.T.C. / F.I.D. APPLICATION PROCEDURE

- 1. All applicants must be 21 years of age to apply.
- 2. All applicants must be a resident of Nahant
- 3. New applicants are required to show their Birth Certificate. Renewal applicants must also provide a copy if one is not already on file. No Passports will be accepted.
- 4. Massachusetts Driver's License or any other picture ID with current address must be provided.
- 5. Two documents providing proof of residency displaying your name and address such as utility bills, voter registration, tax bill, census etc.
- 6. New applicants must complete a Basic Firearms Safety Course that is approved by the Massachusetts State Police or a Massachusetts Hunter safety course. A copy of the certificate must be provided.
- 7. Payment for L.T.C. and / or F.I.D. card will be by check or money order, made out to the Town of Nahant. Fees are as follows:

L.T.C. \$100
 F.I.D. \$100
 F.I.D. Card Class D (Restricted) \$25

- Renewals for applicants over the age of 70, there is no charge.
- F.I.D. Card renewals are free of charge.
- 8. All applicants will fill out the required L.T.C. and F.I.D. card application that is provided by the Nahant Police Department,
- 9. First time applicants are required to submit a full set of finger prints that will be taken at the Nahant Police Department. To schedule finger prints, please email Lieutenant Stephen Shultz, at <a href="mailto:sshultz@nahantpolice.org">sshultz@nahantpolice.org</a>
- 10. All fees are non-refundable and will be collected upon applying.



**CHECK ONE:** 

New Applicant\*

# 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)

Mailing Address  City  State  Zip Code  Telephone Numb  Date of Birth  Place of Birth (City, State, Country)  Mother's First Name  Mother's First Name  Father's First Name  Father's Last Name  Height  Weight  Build  Complexion  Hair Color  Eye Color	Renev	val - Most Rece	nt License to Ca	rry/FID Number:				
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 Numb Mailing Address City State Zip Code Telephone Numb  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 Numb  Employed By Business Address	Hunter Safe	ety Course Cert	ificate must be a					
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)  XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:  Last Name First Name Middle Name Suffix  Residential Address City State Zip Code Telephone Numb Mailing Address City State Zip Code Telephone Numb  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 Numb  Employed By Business Address	LICENSE	E APPLICAT	ION TYPE (C	heck Only One):				
License to Carry License to Possess a Machine Gun Gun Club License (Only the Colonel of the State Police can issue a club license)  XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:  Last Name First Name Middle Name Suffix  Residential Address City State Zip Code Telephone Numb  Mailing Address City State Zip Code Telephone Numb  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 Numb  Employed By Business Address	Firear	ms Identification	n Card - Restricte	ed (self-defense spray	<b>'</b> )			
License to Possess a Machine Gun Gun Club License (Only the Colonel of the State Police can issue a club license)  XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:  Last Name First Name Middle Name Suffix  Residential Address City State Zip Code Telephone Numb Mailing Address City State Zip Code Telephone Numb 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 Numb Employed By Business Address	Firear	ms Identification	n Card					
Gun Club License (Only the Colonel of the State Police can issue a club license)  XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:  Last Name First Name Middle Name Suffix  Residential Address City State Zip Code Telephone Numb  Mailing Address City State Zip Code Telephone Numb  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 Numb  Employed By Business Address	License to Carry							
XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:  Last Name First Name Middle Name Suffix  Residential Address City State Zip Code Telephone Numb  Mailing Address City State Zip Code Telephone Numb  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 Numb  Employed By Business Address	License to Possess a Machine Gun							
Last Name First Name Middle Name Suffix  Residential Address City State Zip Code Telephone Numb  Mailing Address City State Zip Code Telephone Numb  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 Numb  Employed By Business Address	Gun C	Club License (Or	nly the Colonel o	f the State Police can	issue a club license)			
Residential Address City State Zip Code Telephone Numb  Mailing Address City State Zip Code Telephone Numb  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 Numb  Employed By Business Address		-On Signa	IONE, PRIIVI		ALQUESTED IN			- 10
Mailing Address  City  State  Zip Code  Telephone Numb  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 Numb  Employed By  Business Address	Last Name			First Name		Middle	Name	Suffix
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 Numb  Employed By Business Address	Residential	Address		City		State	Zip Code	Telephone Number
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 Numb  Employed By Business Address	Mailing Add	dress		City		State	Zip Code	Telephone Number
Height Weight Build Complexion Hair Color Eye Color  Occupation Social Security Number (Optional) Drivers License Numb  Employed By Business Address	Date of Birt	h	Place of Birt	h (City, State, Country	<b>y</b> )			
Occupation Social Security Number (Optional) Drivers License Numb  Employed By Business Address	Mother's Fi	rst Name	Mother's Ma	iden Name	Father's First Name	ı	Father's La	ast Name
Employed By Business Address	Height	Weight	Build	Complexion	Hair Colo	r		Eye Color
	Occupation	ı			Social Security Num	nber (Opt	tional)	Drivers License Number
City/Town State Zip Telephone Number	Employed E	Зу			Business Address			
	City/Town		State		Zip		Telepho	one Number

#### ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

1.	Are you a citizen of the United States?		Y	ES NO
	If lawful permanent resident alien, give green card number and resident date	Green Card Number	Resident Since (da	te)
	If naturalized, give date, place and naturalization number	Date Place	Naturalization No.	
2.	Have you ever renounced your U.S. citizens	hip?	YES	NO
3.	What is your age? (You must be 21 to submission of a certificate of parent or guardian granting per	o apply for a LTC, 18 to apply for a FID card, or 14 to 17 with ermission 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 of	charges?	YES	NO
6.	Have you ever been convicted of a felony?		YES	NO
7.	Have you ever been convicted of the unlawfu as defined in M.G.L. c. 94C, § 1?	ul use, possession, or sale of controlled substances	YES	NO
8.	Have you ever been convicted of a violent cr	rime or a crime of domestic violence?	YES	NO
9.	Have you ever been convicted as an adult or in any state or federal jurisdiction?	r adjudicated a youthful offender or delinquent child	YES	NO
10.	Are you now, or have you ever been the sub or a similar order issued by another jurisdicti	eject of a restraining order issued pursuant to M.G.L. c. 20 on?	09A, YES	NO
11.	Are you currently the subject of any outstand	ding arrest warrant in any state or federal jurisdiction?	YES	NO
12.	Have you ever been committed to any hospit	tal or institution for mental illness, or alcohol or substance	e abuse? YES	NO
13.	Has any firearms license issued under the la or denied?	ws of any state or territory ever been suspended, revoke	d, YES	NO
14.	Have you been discharged from the armed for	orces 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
		uestions 2-15, give details which must incloarate sheet of paper if necessary.	ude dates,	
_				

Ha	ve you ever used or been known by anoth	er name?		YES NO
If "	YES", provide name and explain:			
Otl	ner than Massachusetts, in what state(s), to	erritory(ies), or jurisdiction(s) hav	e you lived?	NONE
	ve you ever held a firearms license in any ES", when, where, and license number?	other state, territory or jurisdictio	n?	YES NO If
Lis 1.	t the name and addresses of two reference	es (as required by your licensing a	authority)	
	Last Name	First Name		
	Address	City/Town	State	e Zip
2.	Last Name	First Name		
	Address	City/Town	State	e Zip
U	ason(s) for requesting the issuance of a cannestricted Target & Hunting Sponse lines below to indicate the reason(s) you are	rting Employment	ate sheet of paper if necessa	ary)
_				
\$50 suc	ARNING* Any person who knowingly files an 00 nor more than \$1,000 or by imprisonment th fine and imprisonment (M.G.L c.140, §§ 12 eclare the above facts are true and complete be just cause for denial or revocation of my ormation is a criminal offense.	for not less than 6 months nor more (9B(8), 131(h)).  to the best of my knowledge and be	than 2 years in a house of c	orrection, or by both  ny false answer(s)
Sig	ned under the penalties of perjury this	day of	 month	Voor
Sig	nature of Applicant:	day	тюпи	year

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

	License Holder	Name:					
	Current LTC or	FID card Number:					
	Please select o	ne:					
	A. (No firearm(	s) lost or stolen since p	revious issua	nce of LTC or F	ID card)		
	1. (LTC) firearms.	I am renewing a Ma	assachuset	ts firearms i	dentification	(FID) card or licens	e to carry
		I have not lost one last FID card or LTC			nd any firearm	s stolen since the	renewal or
	<b>B.</b> (Firearm(s) re	eported lost or stolen s	ince previous	OR issuance of L	C or FID card)		
	1. (LTC) firearms.	I am renewing a Ma	assachuset	ts firearms i	dentification	(FID) card or licens	se to carry
		I have lost one or n			eported stole	n one or more fire	arms since
	the renewal or	I have lost one or n issuance of my last ost or stolen firearr	t FID card o	r LTC.	•		arms since
Lost or Stolen	the renewal or	issuance of my last	t FID card o	r LTC.	•		Case Number
	the renewal or  List all I	issuance of my last ost or stolen firearr Reported to	t FID card ο	r LTC. use addition	al sheets as n	ecessary.	
	the renewal or  List all I	issuance of my last ost or stolen firearr Reported to	t FID card ο	r LTC. use addition	al sheets as n	ecessary.	
	the renewal or  List all I	issuance of my last ost or stolen firearr Reported to	t FID card ο	r LTC. use addition	al sheets as n	ecessary.	
	the renewal or  List all I	issuance of my last ost or stolen firearr Reported to	t FID card ο	r LTC. use addition	al sheets as n	ecessary.	
	the renewal or  List all I	issuance of my last ost or stolen firearr Reported to	t FID card ο	r LTC. use addition	al sheets as n	ecessary.	
	List all I  Date Reported Lost or Stolen	issuance of my last ost or stolen firearr Reported to	Type	r LTC.  Ise addition  Make	Model	Serial Number	

Full Name:	
Current Address:	
Previous Address:	
Previous Address:	
Previous Address:	
Email:	Phone: