In accordance with the provisions of Massachusetts General Law, c.140, s.129B(9) and s.131(l), please be advised that your Massachusetts license to carry firearms and/or firearms identification card will expire shortly.

ANY PERSON IN POSSESSION OF A FIREARM, RIFLE OR SHOTGUN WHOSE LICENSE IS INVALID FOR THE SOLE REASON THAT IT HAS EXPIRED, BUT WHO SHALL NOT E DISQUALIFIED FROM RENEWAL UPON APPLICATION SHALL BE SUBJECT TO A CIVIL FINE OF NOT LESS THAN $500 NOR MORE THAN $5000 (c.140, s.131m).

New applicant or renewal applicant: Please complete this Renewal Application Form and take it to your **LOCAL LICENSING AUTHORITY.** (LOCAL POLICE DEPARTMENT). **DO NOT MAIL TO THE FIREARMS RECORD BUREAU**

APPLICATION FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR LICENSE TO CARRY FIREARMS (MGL c.140, s.129B and s.131)

CHECK THE TYPE OF LICENSE YOU ARE APPLYING FOR:
[ ] FIREARMS IDENTIFICATION CARD RESTRICTED (MACE/PEPPER SPRAY)
[ ] FIREARMS IDENTIFICATION CARD
[ ] CLASS A LICENSE TO CARRY FIREARMS LARGE CAPACITY.....[ ] CHECK IF CLUB LICENSE
(CLASS A LICENSE TO CARRY, **IS** a **PISTOL PERMIT**)

**** IF NEW LICENSE (ISSUED AFTER JUNE 1, 1998), A COPY OF THE FIREARMS SAFETY CERTIFICATE OR HUNTER SAFETY COURSE CERTIFICATE MUST BE ATTACHED TO THIS APPLICATION.**

(Except for signature, print or type all requested information)

This is for the type of license applied for:

CITY/TOWN OF: _____ , MA FIRST ISSUE** [ ] RENEWAL [ ]

IF A RENEWAL, CURRENT NUMBER: _____ EXPIRATION DATE: _____

CITY/TOWN THAT ISSUED CURRENT LICENSE: _____ , MA

_____/_____/_____
LAST NAME FIRST NAME MIDDLE NAME

_____/(____)_____
RESIDENTIAL ADDRESS (Include Number, Street, City/Town, Zip Code) TELEPHONE NUMBER

_____/(____)_____
IF CLUB LICENSE ADDRESS OF CLUB (Include Number, Street, City/Town, Zip Code) TELEPHONE NUMBER

_____/_____/_____/_____
DATE OF BIRTH PLACE OF BIRTH MOTHER'S MAIDEN NAME FATHER'S NAME

___FT____IN____/_____/_____/_____/_____/_____
HEIGHT WEIGHT BUILD COMPLEXION HAIR COLOR EYE COLOR

_____/_____/_____
OCCUPATION S. S. NUMBER (Optional) DRIVERS LICENSE NUMBER

_____/_____/(____)_____
EMPLOYED BY * BUSINESS ADDRESS TELEPHONE NUMBER

*** If issued for employment purposes, letter from employer on company letterhead requesting issuance and reason must accompany application.**

ANSWER THE FOLLOWING FOURTEEN QUESTIONS ACCURATELY

1. ARE YOU A CITIZEN OF THE UNITED STATES? _____.
   IF NATURALIZED GIVE DATE, PLACE AND NATURALIZATION NUMBER: _____.
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 MGL c. 94C? _____

CONTINUED ON THE REVERSE SIDE