



STATE OF NEW HAMPSHIRE
APPLICATION FOR
RESIDENT PISTOL / REVOLVER LICENSE

*RENEWAL APPLICANTS PLEASE COMPLETE

NH pistol/revolver lic. no.: _____

Date of expiration: _____

SEE INSTRUCTIONS ON BACK

FILE #:

Name _____ Date of Application _____
 Street _____ Home-State Permit No. _____
 City/Town _____ Driver's License No. _____
 State _____ Zip _____ Social Security No. _____
 Telephone No. _____ (optional)

Legal Address (If different from above) _____ (optional)

Date of Birth _____ Original Record Check

Place of Birth _____ Renewal Fee Received

Height _____ Hair _____ Sex _____ **United States Citizen YES / NO**

Weight _____ Eyes _____ Race _____ **If NO, you MUST provide the following:**

AR#: _____

Occupation: _____ **COUNTRY OF CITIZENSHIP:** _____

Present Employer: _____

Employer's Address: _____

Previous Employer: _____

Address: _____

If you answer Yes to any of the following questions, you must provide complete details on the reverse side of this form.

Have you ever had a license to carry denied in this or any other state? Yes No

Have you ever been convicted of a felony, in this or any other state, which has not been annulled? Yes No

Are you an unlawful user of or addicted to any controlled substance? Yes No

Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental institution? Yes No

Have you ever been convicted in any court of a misdemeanor of domestic violence? Yes No

For what reason(s) do you make application to carry a pistol in New Hampshire? (see reverse side)

Name and Mailing Address of three (3) references:

(1) _____	(2) _____	(3) _____
(NAME)	(NAME)	(NAME)
_____	_____	_____
(ADDRESS)	(ADDRESS)	(ADDRESS)

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be will be just cause for refusal of any application of any license issued under the provisions of RSA:159 and is punishable under RSA 641:3.

- I understand that any information I give may be investigated as allowed by law.
- I consent to the release of information about my ability and fitness to carry a pistol/revolver by employers, schools, medical/psychiatric services, law enforcement agencies, and other individuals and organizations, to my local police chief, his designee, and/or authorized employees of the State of New Hampshire.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

X SIGNATURE OF APPLICANT: _____

Approved _____
Date _____