



# STATE OF NEW HAMPSHIRE APPLICATION FOR RESIDENT PISTOL / REVOLVER LICENSE

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street \_\_\_\_\_ License No. \_\_\_\_\_

City/Town \_\_\_\_\_ Driver's License No. \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_  Original

Place of Birth \_\_\_\_\_  Renewal

Height \_\_\_\_\_ Hair \_\_\_\_\_ Sex \_\_\_\_\_  Record Check

Weight \_\_\_\_\_ Eyes \_\_\_\_\_  Fee Received

Occupation \_\_\_\_\_ 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 pistol permit 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

Have you ever been a user of drugs or narcotics, except under the direction of a physician? Yes  No

Have you ever been treated for mental illness, an emotional disorder, or confined to an institution? Yes  No

For what reason(s) do you make application to carry a pistol in New Hampshire? \_\_\_\_\_

Name and Mailing Address of three (3) references:

(1) _____ (NAME)	(2) _____ (NAME)	(3) _____ (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 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.

<b>X</b>	SIGNATURE OF APPLICANT
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Approved \_\_\_\_\_

Date \_\_\_\_\_