

Attleboro Police Department

12 Union Street

Attleboro, Massachusetts 02703 Telephone: (508) 223-2224 Fax: (508) 223-2242 attleboropolice.org

BELOW ARE THE REQUIRED ITEMS NEEDED FOR NEW <u>AND</u> RENEWAL MASSACHUSETTS RESIDENT FIREARMS IDENTIFICATION CARD (FID) OR LICENSE TO CARRY (LTC) APPLICATIONS:

ALL APPLICATIONS, ALONG WITH THE CORISPONDING DOCUMENTS CAN BE DROPPED OFF (ALL AT THE SAMETIME) AT THE POLICE DEPARTMENT - ANY DAY AT ANYTIME.

PLEASE WRITE: "ATTENTION FIREARMS LICENSING" ON THE ENVELOPE.

Incomplete application packets or incorrect documents could delay the application process.

Renewal Applications: Will be processed based upon your expiration date. You do not have to come in for fingerprints or photographs. You MUST submit your renewal application prior to your expiration date to receive a receipt that will keep your expired license active during the renewal process. Please EMAIL the Firearms Licensing Officer for any status updates.

<u>New Applicants:</u> Will be contacted by the Firearms Licensing Officer at a later date to schedule an interview and fingerprint appointment based upon the submission date. Please EMAIL the Firearms Licensing Officer for any status updates.

Unless otherwise noted NEW AND RENEWAL application packets MUST include the following documents:

- 1. A completed, signed and dated Massachusetts Resident Firearms License Application.
- 2. Two (2) proofs of residency; Examples: Gas Bill, Electric Bill, Cable Bill, Cell Phone Bill, or any two pieces of mail physically delivered to your residence with your name, address and a barcode or QR code above or below it. You only need to submit COPIES of the top of the bill or front of the envelope, please put them both on one page.
- 3. NEW APPLICANTS ONLY: A COPY of your Massachusetts Firearms Safety Certificate.
- 4. Applicants between the ages of 15 & 17. Need a letter from a parent or guardian granting permission for an FID Card.
- 5. <u>ALL APPLICANTS:</u> A copy (FRONT ONLY) of your Massachusetts Driver's License. <u>RENEWALS</u>: (In addition to the D.L.): A copy of your current or expired LTC/FID (FRONT ONLY). The copies of your Driver's License & LTC/FID should be on one page. If you are a <u>NATURALIZED CITIZEN</u>: a copy of your Naturalization Certificate or US Passport.
- 6. RENEWALS: A check made payable to: "The City of Attleboro" is due when submitting your RENEWAL application, NEWAPPLICANTS: DO NOT SUBMIT A CHECK, you will bring a check with you on the date of your fingerprint appointment.

APPLICATION FEE'S:

| LTC/FID | New or Renewal | \$100.00 |
|---------|--|----------|
| LTC/FID | RENEWALS over the age of 70 (as of renewal date) | FREE |
| FID | Between the age 18 & 21 | \$100.00 |
| FID | Between the ages of 15 & 17 | \$25.00 |

Contact Firearms Licensing Officer Berube with any questions at: rberube@attleboropolice.org or 508-222-1212 ext.2101.

Version: 09/13/2023 - PLEASE READ THIS PAGE CAREFULLY, COMPLETELY & THEN KEEP THIS PAGE FOR YOUR RECORDS



THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY Department of Criminal Justice Information Services

mass.gov/firearms-services

| 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)

| CHECK ONE: | | | | | | | |
|---|------------------------------|---|--|----------------|---------------------------------|--|--|
| New Applicant* | | | | | | | |
| Renewal - Most Re | cent License to Car | ry/FID Number: | | | | | |
| *NOTE: If application is the Hunter Safety Course Confiderit must be submitted. | ertificate must be at | dentification card or litached, unless exem | icense to carry firearms, pt by statute. If this is a | a cop renew | y of the Fire al application | arms Safety Certificate or on, a lost/stolen firearms | |
| LICENSE APPLICA | TION TYPE (C | neck Only One): | | | | | |
| Firearms Identificati | on Card - Restricte | d (self-defense spray | <i>(</i>) | | | | |
| Firearms Identificat | Firearms Identification Card | | | | | | |
| _ License to Carry | | | | | | | |
| License to Carry - S | tun Gun Only | | | | | | |
| _ License to Possess | a Machine Gun | | | | | | |
| Gun Club License (| Only the Colonel of | the State Police can | issue a club license) | | | | |
| EXCEPT FOR SIGN | ATURE, PRINT | OR TYPE ALL First Name | | DRMA | | Suffix | |
| | | T NOT THAT | • | iuuio i | tanio | Cunx | |
| Residential Address | | Cily | S | State | Zip Code | Telephone Number | |
| Mailing Address | | City | S | tate | Zip Code | Telephone Number | |
| Date of Birth | Place of Birth | ı (City, State, Countr | у) | | | | |
| Mother's First Name | Mother's Mai | den Name | Father's First Name | | Father's Last Name | | |
| Height Weight | Build | Complexion | Hair Color Social Security Number (Optional) | | | Eye Color Drivers License Number | |
| Occupation | | | | | ional) | | |
| Employed By | 11 31 31 MARCH | | Business Address | | | | |
| City/Town | State | | Zip | | Teleph | one Number | |

ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

| Il permanent resident allen, give card number and resident date | Green Car | d Number | Resident Since (d. | ate) |
|---|---|--|---|--|
| ralized, give date, place turalization number | Date | Place | Naturalization No. | |
| ou ever renounced your U.S. citize | enship? | | O YE | S DNO |
| S your age? (You must be on of a certificate of parent or guardian grantin | 21 to apply for a LTC, 1 ng permission to apply fo | 8 to apply for a FID card, or 14 to 17 with or a FID card - Restricted). | | |
| ou ever been arrested or appeared | d in court as a def | endant for any criminal offense? | ΟYE | S □N |
| u the subject of any pending crimin | nal charges? | | □YE | S 🗆 NO |
| ou ever been convicted of a felony | ?? | | □ YE | S 🗆 NO |
| ou ever been convicted of the unlaned in M.G.L. c. 94C, § 1? | awful use, posses: | sion, or sale of controlled substanc | es □ YE | S 🗆 NO |
| ou ever been convicted of a violen | t crime or a crime | of domestic violence? | □ YE | s 🗆 NO |
| ou ever been convicted as an adu state or federal jurisdiction? | It or adjudicated a | youthful offender or delinquent chi | ild YE | S 🗆 NO |
| u now, or have you ever been the s nilar order issued by another jurisd | subject of a restra liction? | ning order issued pursuant to M.G | i.L. c. 209A, □ YE | S 🗆 NO |
| ı currently the subject of any outst | anding arrest war | ant in any state or federal jurisdicti | ion? DYE | S 🗆 NO |
| ou ever been committed to any ho | spital or institutior | for mental illness, or alcohol or su | ıbstance abuse? ☐ YE | S 🗆 NO |
| y firearms license issued under the ed? | alaws of any state | or territory ever been suspended, | revoked, □ YE | S 🗆 NO |
| ou been discharged from the arme | d forces of the Ur | ited States under dishonorable co | nditions? □ YE | S 🗆 NO |
| ou been the subject of an order of t | he probate court | appointing a guardian or conservat | or? 🗆 YE | S 🗆 NO |
| wered "YES" to any of the nces and location; use a s | questions 2- separate shee | 15, give details which mus t of paper if necessary. | st include dates, | |
| | ces and location; use a s | ces and location; use a separate shee | ces and location; use a separate sheet of paper if necessary. | rered "YES" to any of the questions 2-15, give details which must include dates, ces and location; use a separate sheet of paper if necessary. |

Page - 2 of 5

LTC-FID Application

| • | her name? | | ☐ YES ☐ NO |
|--|--|---|--|
| If "YES", provide name and explain: | - Manage | 1000 | ************************************** |
| Other than Massachusetts, in what state(s), | territory(les), or jurisdiction(s) have you live | d? | □ NONE |
| Have you ever held a firearms license in any if "YES", when, where, and license number? | y other state, territory or jurisdiction? | | □YES □ NO |
| 1. | ces (as required by your licensing authority) | | |
| Last Name | First Name | | |
| Address | City/Town | State | Zip |
| 2. | | PARAMETER. | ************************************** |
| Last Name | First Name | | |
| | | | |
| Address | City/Town | State | Zip |
| Please explain why you are requesting a lice Use lines below to indicate the reason(s) you ar | ense: re requesting the license; use a separate sheet of | f paper if necessary) | ne of not less that |
| Please explain why you are requesting a lice Use lines below to indicate the reason(s) you ar *WARNING* Any person who knowingly files a \$500 nor more than \$1,000 or by imprisonment such fine and imprisonment (M.G.L c.140, §§ 1 I declare the above facts are true and complete will be just cause for denial or revocation of my | ense: The requesting the license; use a separate sheet of the second sec | f paper if necessary) be punished by a fire in a house of cor | ne of not less that rection, or by both |
| Please explain why you are requesting a lice Use lines below to indicate the reason(s) you ar "WARNING* Any person who knowingly files a \$500 nor more than \$1,000 or by imprisonment such fine and imprisonment (M.G.L c.140, §§ 1 | ense: The requesting the license; use a separate sheet of the second state of the second seco | f paper if necessary) be punished by a fire in a house of cor | ne of not less that rection, or by both |
| *WARNING* Any person who knowingly files a \$500 nor more than \$1,000 or by imprisonment such fine and imprisonment (M.G.L c.140, §§ 1 I declare the above facts are true and complete will be just cause for denial or revocation of my information is a criminal offense. | ense: The requesting the license; use a separate sheet of the requesting the license; use a separate sheet of the requestion containing false information shall it for not less than 6 months nor more than 2 year 29B(8), 131(h)). The to the best of my knowledge and belief and I understand that filing | be punished by a finance of corunderstand that any gan application that | ne of not less that rection, or by both |

Page - 3 of 5

LTC-FID Application

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

| | Complete this | form <u>only</u> if you are <u>ı</u> | <u>renewing</u> y | our firearm | s license. | | |
|-------------------|---------------------------------|---|---------------------------------------|----------------|------------------|--------------------|---------------------------------------|
| | License Holder | Name: | · · · · · · · · · · · · · · · · · · · | | | | |
| | Current LTC or | FID card Number: | | | | | · · · · · · · · · · · · · · · · · · · |
| | Please select o | ne: | | | | | |
| | A. (No firea | arm(s) lost or stolen since | previous issu | uance of LTC o | r FID card) | | |
| | | I am renewing a Mas | | | | D) card or license | e to carry |
| | | I have not lost one of last FID card or LTC. | r more fire | arms or had | any firearms | stolen since the r | enewal or |
| | _ [| | | <u>OR</u> | | | |
| | B. L (Firearm | (s) reported lost or stoler | n since previo | us issuance of | LTC or FID card) | | |
| | 1. (LTC) firearms. | I am renewing a Mas | sachusetts | firearms ide | entification (FI | D) card or license | e to carry |
| | | I have lost one or mo | | | ported stolen | one or more firea | arms since |
| | | issuance of my last F | | | | | |
| | List all I | lost or stolen firearm | s below; us | e additional | sheets as nec | essary. | |
| Lost or Stolen | Date Reported Lost or Stolen | Reported to (Police Dept.) | Туре | Make | Model | Serial Number | Case Number |
| | | | | | | | |
| | 76/1/da 1/1/a | | | | | | |
| | | | | | - | | |
| | | | | | | | |
| | : | | | : | | | |
| | | | | : | : | | |
| | The above info | rmation is true and a | occurate to | the best of | my knowledge | and belief. | don. |
| | SIGNED UNDER | R THE PENALTIES OF I | PERJURY: | | | | |
| | Signature: | | | | Date: | | |
| | LTC-FID Application | | | | 2 | P | age - 4 of 5 |

PRIVACY ACT STATEMENT - CIVIL FINGERPRINTING

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks.

PLEASE KEEP THIS PAGE, AND THE COVER PAGE FOR YOUR RECORDS.