

**Natick Police Department  
License to Carry Application**

Procedures for Applicants of License to Carry Firearms

Office Hours: **THURSDAYS ONLY 8:30 A.M. to 3:30 P.M.**

- 1) All applicants must be residents of Natick or have a place of business in the Town of Natick and be at least 21 years of age.
- 2) All applicants for original or renewals must submit the following **PHOTOCOPIES**:
  - a) Birth certificate or Citizenship papers (whichever applies to you)
  - b) MA driver's license or Registry picture ID either current address on the front. No sticker addresses.
  - c) Two different home utility bills or any other kind of bill with your current name and address on it (NO RENT RECEIPTS).
- 3) All applicants for Personal Protection Licenses or those wishing to upgrade their licenses must provide a letter explaining, in accordance with G.L. c. 140, S.131, their reason for fearing injury to their person or property.
- 4) 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.
- 5) Licenses to Carry are issued for not less than three nor more than four years. License fee is \$100.00 cash or check.
- 6) Applicants will bring their application, required **PHOTOCOPIES**, and fee in with them and will be fingerprinted here.
- 7) All applicants will be reviewed and evaluated by the licensing authority.
- 8) Renewals must turn in their old permit when picking up the new one.
- 9) If issued for employment purposes, a letter from employer on company letterhead requesting issuance and reason for request must accompany application.

**CHANGE OF ADDRESS (MOVING & LOST OR STOLEN PERMIT)**

Any license holder shall notify, in writing, the Commissioner of Public Safety, Firearms Records Bureau, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, the Natick Police Department, 20 East Central Street, Natick, MA 01760, AND the Chief of Police into whose jurisdiction the license holder moves. Such notification shall be made certified mail within thirty (30) days of moving. Failure to so notify the above parties SHALL BE CAUSE FOR REVOCATION (Chap. 140, Sec. 131).

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 BE DISQUALIFIED FROM RENEWAL UPON APPLICATION, SHALL BE SUBJECT TO A CIVIL FINE OF NOT LESS THAN \$500 NOR MORE THAN \$5,000 (C.140, S.131M).



The Commonwealth of Massachusetts  
Criminal History Systems Board

Firearms Record Bureau  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150

FTN: \_\_\_\_\_

LIC #: \_\_\_\_\_

**Application**  
FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR  
LICENSE TO CARRY FIREARMS OR LICENSE TO POSSESS A MACHINE GUN  
(MGL C.140, s.129B AND s.131)

**Please Check One**

- New Applicant
- Renewal - Most Recent License to Carry/FID Number: \_\_\_\_\_  
Issued from Which City/Town? \_\_\_\_\_ MA Expiration Date: \_\_\_\_\_

\*NOTE: If application is for first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached to this application.

**Please Check the Type of License for Which You are Applying**  
(Please Check Only One)

- Firearms Identification Card - Restricted (mace and pepper spray)
- Firearms Identification Card
- Class B License to Carry - Non-Large Capacity
- Class A License to Carry - Large Capacity
- License to Possess a Machine Gun
- Check if a Class A Gun Club License \*NOTE: 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 Number

\_\_\_\_\_  
Gun Club Address (If Applicable) City State Zip Code Telephone Number

\_\_\_\_\_  
Date of Birth Place of Birth

\_\_\_\_\_  
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 Number

\_\_\_\_\_  
Employed By Business Address

\_\_\_\_\_  
City/Town State Zip Telephone Number

**Please Answer the Following Questions Completely and Accurately**

1. Are you a citizen of the United States? \_\_\_\_\_  
If naturalized give date, place and naturalization number  
Date \_\_\_\_\_ Place \_\_\_\_\_ Naturalization No. \_\_\_\_\_
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 M.G.L. c. 94C sec. 1? \_\_\_\_\_
6. Have you ever been convicted of a crime punishable by incarceration by more than one (1) year? \_\_\_\_\_
7. In any state or federal jurisdiction have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child for the commission of (a) a felony; (b) a misdemeanor punishable by imprisonment for more than 2 years; (c) a violent crime as defined in MGL C140 s.121; (d) a violation of any law regulating the use, possession, ownership, sale, transfer, rental, receipt or transportation of weapons or ammunition for which a term of imprisonment may be imposed; or (e) a violation of any law regulating the use, possession or sale of controlled substances as defined in section 1 of MGL 94C? \_\_\_\_\_
8. Have you ever been confined to any hospital or institution for mental illness? \_\_\_\_\_
9. Are you or have you ever been under treatment for or confinement for drug addiction or habitual drunkenness? \_\_\_\_\_
10. Have you ever appeared in any court as a defendant for any criminal offense (excluding non-criminal traffic offenses)? \_\_\_\_\_
11. Are you now under any charge(s) for any offense(s) against the law? \_\_\_\_\_
12. Are you now or have you ever been the subject of a M.G.L. C209A restraining order or involved in a domestic violence charge? \_\_\_\_\_
13. Has any License to Carry Firearms, Permit to Possess Firearms, or Firearms Identification Card issued under the laws of any state or territory ever been suspended, revoked, or denied? \_\_\_\_\_
14. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? \_\_\_\_\_

**If You Answered "YES" to any of the Questions 4-14, Give Details Which Must Include Dates, Circumstances and Location**

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Other than Massachusetts, in what state, territory or jurisdiction have you resided? \_\_\_\_\_

Have you ever held a License to Carry in any other state, territory or jurisdiction? \_\_\_\_\_

If "YES", when, where and license number? \_\_\_\_\_

**List the Name and Addresses of Two References**

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason(s) for requesting the issuance of a card or license: \_\_\_\_\_

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**\*WARNING\*** Any person who knowingly files an application containing false information shall be punished by a fine of not less than \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correction, or by both such fine and imprisonment (MGL c.140, s.131).

I declare the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my License to Carry Firearms and may be used in a criminal proceeding pursuant to Massachusetts General Law Chapter 140, Section 129 and 131.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

Signature of Applicant: \_\_\_\_\_

**ADDENDUM TO APPLICATION FOR LTC CARD**

Addendum to application for a firearms identification card, license to carry firearms, gun dealer's license, ammunition dealer's license, gunsmith license, temporary license to carry firearms, permit to purchase, machine gun license, or alien permit to possess a rifle or shotgun as issued pursuant to Massachusetts General Laws, Chap. 140.

Applicants please answer the following question:

Are you currently the subject of any order issued pursuant to Chapter 209A of the Massachusetts General Laws?

If "yes", please explain when and where.

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I hereby swear that the above answer is true and complete to the best of my knowledge and belief and I understand that any false answer may be used in a criminal proceeding pursuant to Massachusetts General Law, Chap. 140, Section 129.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Licensing Authority—Please retain this form with original application

FA41

**FOR OFFICIAL USE ONLY**

Date application received \_\_\_\_\_

Letter supplied, as to reason, if for All Lawful Purposes (even for renewals)

YES \_\_\_\_\_ NO \_\_\_\_\_

Proof of residence?

YES \_\_\_\_\_ NO \_\_\_\_\_

All information on application verified?

YES \_\_\_\_\_ NO \_\_\_\_\_

BPO Check            Date Sent \_\_\_\_\_            Date Received \_\_\_\_\_

III Check            Date Sent \_\_\_\_\_            Date Received \_\_\_\_\_

In House Check      Date Sent \_\_\_\_\_            Date Received \_\_\_\_\_

Chief's Approval \_\_\_\_\_

Fee Collected?      Yes \_\_\_\_\_            No \_\_\_\_\_

Prints Taken?        Yes \_\_\_\_\_            No \_\_\_\_\_

Photographs Taken? Yes \_\_\_\_\_            No \_\_\_\_\_

Date Issued: \_\_\_\_\_            New #: \_\_\_\_\_

Expire Date: \_\_\_\_\_

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**DO NOT FILL IN THIS SECTION UNTIL REQUESTED TO DO SO**

I authorize the Natick Police Department to review any records from the Natick District Court, Clinic or any mental health facility to determine whether there is any history of mental illness. This release is valid for 30 days from the date below.

Signature \_\_\_\_\_            Date \_\_\_\_\_

Witness \_\_\_\_\_