Natick Police Department
License to Carry Application

Procedures for Applicants of License to Carry Firearms

Office Hours: THURSDAYS ONLY 8:30 AM to 3:30 PM

1) All applicants must be residents of Natick or own 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), not more than one month old, showing your current address.

3) 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.

4) 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, 5.131, their reason for fearing injury to their person or property.

5) Licenses to Carry are issued for not less than five nor more than six years. License fee is $100.00 cash or check. Renewal Fee for 70 years and older is free of charge.

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) 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
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4600 | TTY: 617-660-4606 | FAX: 617-660-4613
mass.gov/cjis

Application

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

Please Check One

FTN: _____

LIC #: _____

__ 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

_____

_____

_____

_____

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: _____

_____

_____

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, §§ 129B(8) and 131(h)).

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.

Signed under the penalties of perjury this _____ day of _____ _____
day 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.

_____

_____

_____

_____

_____

_____

I hereby swear 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

FA4 I

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

Complete this form **only** if you are **renewing** your firearms license.

License Holder Name: _____

Current LTC or FID card Number: _____

Please select one:

A. ☐ (No firearm(s) lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.

2. I have not lost one or more firearms or had any firearms stolen since the renewal or issuance of my last FID card or LTC.

OR

B. ☐ (Firearm(s) reported lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.

2. I have lost one or more firearms or have reported stolen one or more firearms since the renewal or issuance of my last FID card or LTC.

List all lost or stolen firearms below; use additional sheets as necessary.

Lost or Stolen	Date Reported Lost or Stolen	Reported to (Police Dept.)	Type	Make	Model	Serial Number	Case Number

The above information is true and accurate to the best of my knowledge and belief.

SIGNED UNDER THE PENALTIES OF PERJURY:

Signature:_____ Date:_____

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: _____

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 _____