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
mass.gov/cjis | TTY: 617-660-4606

You must submit this form to your local police department*

FRAMINGHAM POLICE DEPARTMENT USE ONLY

FTN: _____

LIC #: _____

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 Recent License to Carry/FID Number: _____

*NOTE: If application is for a first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached, unless exempt by statute. If this is a **renewal application**, a lost/stolen firearms affidavit must be submitted.

Email address for notification when LTC is available for pickup _____

LICENSE APPLICATION TYPE (Check Only One):

☐ Firearms Identification Card - Restricted (self-defense spray)

☐ Firearms Identification Card

☐ License to Carry

☐ License to Possess a Machine Gun

☐ Gun Club License (Only the Colonel of the State Police can issue a club license)

YOU MUST SUBMIT THE FOLLOWING WITH YOUR APPLICATION

☐ Copy of MA Drivers License
☐ Copy of Birth Certificate or Passport
☐ Naturalization Papers (not born in US)
☐ Proof of Residency (Utility Bill, Tax Bill)
☐ Copy of Firearms Safety Certificate
☐ Employment Letter (if applicable)

EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:

Last Name | First Name | Middle Name | Suffix

Residential Address | City | State | Zip Code | Telephone Number

Mailing Address | City | State | Zip Code | Telephone Number

Date of Birth | Place of Birth (City, State, Country)

Mother's First Name | Mother's Maiden Name | Father's First Name | Father's Last Name

Height | Weight | Sex | Build | Eye Color | Complexion | Hair Color

Occupation | Social Security Number | Drivers License Number

Employed By | Business Address

City/Town | State | Zip | Telephone Number

ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

1. Are you a citizen of the United States? ☐ YES ☐ NO

   If lawful permanent resident alien, give green card number and resident date _____
   Green Card Number — Resident Since (date)

   If naturalized, give date, place and naturalization number _____
   Date — Place — Naturalization No.

2. Have you ever renounced your U.S. citizenship? ☐ YES ☐ NO

3. What is your age? _____ (You must be 21 to apply for a LTC, 18 to apply for a FID card, or 14 to 17 with submission of a certificate of parent or guardian granting permission to apply for a FID card or FID card – Restricted).

4. Have you ever been arrested or appeared in court as a defendant for any criminal offense? ☐ YES ☐ NO

5. Are you the subject of any pending criminal charges? ☐ YES ☐ NO

6. Have you ever been convicted of a felony? ☐ YES ☐ NO

7. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances as defined in M.G.L. c. 94C, § 1? ☐ YES ☐ NO

8. Have you ever been convicted of a violent crime or a crime of domestic violence? ☐ YES ☐ NO

9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction? ☐ YES ☐ NO

10. Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A, or a similar order issued by another jurisdiction? ☐ YES ☐ NO

11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? ☐ YES ☐ NO

12. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse? ☐ YES ☐ NO

13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked, or denied? ☐ YES ☐ NO

14. Have you been discharged from the armed forces of the United States under dishonorable conditions? ☐ YES ☐ NO

15. Have you been the subject of an order of the probate court appointing a guardian or conservator? ☐ YES ☐ NO

If you answered "YES" to any of the questions 2-15, give details which must include dates, circumstances and location; use a separate sheet of paper if necessary.

_____

_____

_____

_____

Have you ever used or been known by another name? ☐ YES ☐ NO

If "YES", provide name and explain: _____

Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived? ☐ NONE

_____

Have you ever held a firearms license in any other state, territory or jurisdiction? ☐ YES ☐ NO

If "YES", when, where, and license number? _____

_____

List the name, addresses and of two references (as required by your licensing authority)

1. Last Name | First Name | Phone #

   Address | City/Town | State | Zip

2. Last Name | First Name | Phone #

   Address | City/Town | State | Zip

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

☐ Unrestricted ☐ Target & Hunting ☐ Sporting ☐ Employment ☐ All Lawful Purposes

Use lines below to indicate the reason(s) you are requesting the license; use a separate sheet of paper if necessary)

_____

_____

_____

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 (M.G.L c.140, §§ 129B(8), 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. I understand that filing an application that contains false information is a criminal offense.

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

Day | Month | Year

Signature of Applicant: _____

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:_____