



**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

FRAMINGHAM POLICE DEPARTMENT USE ONLY	
FTN:	_____
LIC #:	_____

**You must submit this form 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 POSSESS 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):

**YOU MUST SUBMIT THE FOLLOWING WITH YOUR APPLICATION**

- 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)

- 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
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Residential Address	City	State	Zip Code	Telephone Number
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Mailing Address	City	State	Zip Code	Telephone Number
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Date of Birth	Place of Birth (City, State, Country)
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Mother's First Name	Mother's Maiden Name	Father's First Name	Father's Last Name
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Height	Weight	Sex	Build	Eye Color	Complexion	Hair Color
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Occupation	Social Security Number	Drivers License Number
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Employed By	Business Address
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City/Town	State	Zip	Telephone Number
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**ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:**

- |   |  |
|---|--|
| <p>1. Are you a citizen of the United States? <span style="float: right;">YES    NO</span></p> <p style="margin-left: 20px;">If lawful permanent resident alien, give<br/>green card number and resident date</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Green Card Number <span style="margin-left: 150px;">Resident Since (date)</span></p><br><p style="margin-left: 20px;">If naturalized, give date, place and<br/>naturalization number</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Date <span style="margin-left: 50px;">Place</span> <span style="margin-left: 100px;">Naturalization No.</span></p> |  |
| <p>2. Have you ever renounced your U.S. citizenship? <span style="float: right;">YES    NO</span></p>   |  |
| <p>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).</p>   |  |
| <p>4. Have you ever been arrested or appeared in court as a defendant for any criminal offense? <span style="float: right;">YES    NO</span></p>  |  |
| <p>5. Are you the subject of any pending criminal charges? <span style="float: right;">YES    NO</span></p>   |  |
| <p>6. Have you ever been convicted of a felony? <span style="float: right;">YES    NO</span></p>  |  |
| <p>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? <span style="float: right;">YES    NO</span></p>   |  |
| <p>8. Have you ever been convicted of a violent crime or a crime of domestic violence? <span style="float: right;">YES    NO</span></p>   |  |
| <p>9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction? <span style="float: right;">YES    NO</span></p>  |  |
| <p>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? <span style="float: right;">YES    NO</span></p>   |  |
| <p>11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? <span style="float: right;">YES    NO</span></p>   |  |
| <p>12. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse? <span style="float: right;">YES    NO</span></p>  |  |
| <p>13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked, or denied? <span style="float: right;">YES    NO</span></p>   |  |
| <p>14. Have you been discharged from the armed forces of the United States under dishonorable conditions? <span style="float: right;">YES    NO</span></p>  |  |
| <p>15. Have you been the subject of an order of the probate court appointing a guardian or conservator? <span style="float: right;">YES    NO</span></p>  |  |

**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.**

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**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 and addresses of two references (as required by your licensing authority)**

1. \_\_\_\_\_

Last Name	First Name		
_____		State	Zip
Address	City/Town		

2. \_\_\_\_\_

Last Name	First Name		
_____		State	Zip
Address	City/Town		

**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: \_\_\_\_\_