



POLICE DEPARTMENT

Robert Bongiorno, *Chief of Police*

2 Mudge Way
Bedford, MA 01730-2136
Phone 781-275-1212

**ALL LTC AND FID APPLICANTS
PLEASE READ THIS ENTIRE DOCUMENT VERY CAREFULLY
SIGN THIS FORM AND INCLUDE IT WITH YOUR APPLICATION:**

Applicants must follow the directions below when applying for any Firearms License Type:

- 1) Complete the application and turn it in to the Bedford Police Department.
 - New Applicants must also turn in a **copy** their Safety Course Certificates (Class A LTC and FID only) along with two letters of Reference.
 - New Applicants must also write a letter to the Chief of Police stating the reason why they want the license they are applying for.
 - Renewals and FID Restricted Applicants need only return the application
- 2) When turning in your application, you will submit a check with your application.

License to Carry - \$100

- Renewals for Applicants over the age of 70 are free.

FID - \$100

- Renewals for Applicants over the age of 70 are free.

FID Restricted - \$25

- Renewals are free

Make the checks out to the "Town of Bedford".

- 3) Once the application has been turned into the Bedford Police Department, Sergeant Ron Undzis will contact you within 7 to 10 business days with a date and time to come in for processing. **Please make sure the phone number on the applications is one that is used frequently and the messages are checked.**

Processing includes fingerprints & photos. Bring your Massachusetts Driver's License to your appointment.

- 4) Following the processing, it takes 8 to 10 weeks for the background information to come back and the card to be printed.
- 5) Should there be **ANY** discrepancies on the application, then the process takes longer as more information needs to be gathered. Please make sure that all questions on Page 2 are fully completed on each and every application. Failure to complete page 2 fully could result in a Denial of License.

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- 6) Please make sure you answer Question #10 accurately. Question #10 asks if you have **EVER APPEARED** in **ANY COURT** as a **DEFENDANT** for **ANY CRIMINAL OFFENSE** (excluding non-criminal traffic offenses). This means any **APPEARANCE** as a **DEFENDANT** for any **CRIMINAL** matter regardless of the disposition of the case. This shall include cases where the case was dismissed, CWOFF or found Not Guilty. The appearances **MUST** still be disclosed and details provided. This includes adult appearances as well as juvenile appearances.

If you don't answer all questions truthfully, we will find out no matter how long ago the incident occurred. You must tell us if you have a "sealed" record, but you do not have to disclose what the offense was. We will receive notification of any "sealed record" disqualifiers from the State.

Failure to disclose could result in a Denial of License.

Make the necessary changes now. If necessary you may contact the Massachusetts Criminal History Systems (www.ma.gov/chsb/firearms) to learn how to obtain your Massachusetts criminal record check, before you submit your application.

- 7) Applications are now accepted a few months prior to your renewal date.

8) **If your application is denied**, it is usually due to:

- Disqualifying criminal record,
- False answer to any question on the application,
- Criminal information omitted (or not attached) from the application as required

As a result of enacting the Massachusetts Gun Control Act of 1998, for the purposes of gun licensing, any and all previous detentions, arrests, court appearances, juvenile adjudications including any "Sealed" records will be accessed and considered in order to determine the "suitability" of all applicants. After reading this form, you will be asked specific questions regarding personal background, past criminal history, etc. You must answer the questions fully and truthfully.

The firearms application is signed under penalties of perjury and the statement that "I declare the above facts are true and complete to the best of my knowledge and I believe and I understand that any false answer(s) will be just cause for denial or revocation of my license to carry firearms."

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 \$1000 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 Ch. 140, sections 129B(8) and 131(h)).

I the undersigned understand these directions that I have read on this document.

Signed _____

Date: _____

Please include this signed form with your check and application. You may make a copy of this signed form for your own records.

Any further question regarding possession or transfer of firearms can be found at www.mass.gov

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**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

PD 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.

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)

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	Build	Complexion	Hair Color	Eye Color
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Occupation	Social Security Number (Optional)	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:

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

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:

- Target & Hunting Sporting Employment Unrestricted (use lines below to indicate the reason(s) you are requesting an unrestricted LTC; 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 _____ month _____ year

Signature of Applicant: _____