



**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 6 to 8 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) No application will be accepted more than 30 days 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
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 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: _____

FTN: _____

LIC #: _____

*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.
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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 _____ month _____ year

Signature of Applicant: _____