



**STATE OF NEW HAMPSHIRE
APPLICATION FOR
RESIDENT PISTOL / REVOLVER LICENSE**

*RENEWAL APPLICANTS PLEASE COMPLETE:

NH handgun lic. no.: _____

Date of expiration: _____

SEE INSTRUCTIONS ON BACK

FILE #:

Name _____ Date of Application _____

Street _____ Home-State Permit No. _____

City/Town _____ Driver's License No. _____

State _____ Zip _____ Social Security No. _____

Legal Address (if different from above) _____

Date of Birth _____

Original

Place of Birth _____

Renewal

Height _____ Hair _____ Sex _____

Record Check

Weight _____ Eyes _____ Race _____

Fee Received

Occupation _____ Present Employer _____

Employer's Address _____

Previous Employer _____

Address _____

If you answer Yes to any of the following questions, you must provide complete details on the reverse side of this form.

Have you ever had a pistol permit denied in this or any other state? Yes No

Have you ever been convicted of a felony, in this or any other state, which has not been annulled? Yes No

Have you ever been a user of drugs or narcotics, except under the direction of a physician? Yes No

Have you ever been treated for mental illness, an emotional disorder, or confined to an institution? Yes No

Have you ever been convicted in any court of a misdemeanor of domestic violence? Yes No

For what reason(s) do you make application to carry a pistol in New Hampshire? _____

Name and Mailing Address of three (3) references:

(1) _____ (2) _____ (3) _____
(NAME) (NAME) (NAME)

(ADDRESS) (ADDRESS) (ADDRESS)

phone # _____ phone # _____ phone # _____

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be just cause for r application of any license issued under the provisions of RSA:159 and is punishable under RSA:641:3.

- I understand that any information I give may be investigated as allowed by law.
- I consent to the release of information about my ability and fitness to carry a pistol/revolver by employers, schools, medical/psychiatric services, law enforcement agencies, and other individuals and organizations, to my local police chief, his designee, and/or authorized employees of the State of New Hampshire.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

X _____
SIGNATURE OF APPLICANT

Approved _____

Date _____