



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

*RENEWAL APPLICANTS PLEASE COMPLETE:

NH Pistol / Revolver lic. no.: _____

Date of expiration: _____

FILE #:

Name _____ Date of Application _____
 Street _____ Driver's License No. _____
 City/Town _____ Social Security No. _____ (optional)
 State _____ Zip _____ Telephone No. _____ (optional)
 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 an attached sheet of paper.

Have you been denied a license to carry 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
 Are you an unlawful user of or addicted to any controlled substance? Yes No
 Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental 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) _____ (NAME)	(2) _____ (NAME)	(3) _____ (NAME)
_____ (ADDRESS)	_____ (ADDRESS)	_____ (ADDRESS)

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 refusal of any 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 _____