



STATE OF NEW HAMPSHIRE
APPLICATION FOR
RESIDENT PISTOL / REVOLVER LICENSE

*RENEWAL APPLICANTS PLEASE COMPLETE:

NH Pistol / Revolver lic. no.: _____

Date of expiration: _____

Name _____	Date of Application _____
Street _____	Driver's License No. _____
City/Town _____	Social Security No. _____ (optional)
State _____ Zip _____	
Legal Address (if different from above) _____	

FILE # :

Date of Birth _____	<input type="checkbox"/> Original
Place of Birth _____	<input type="checkbox"/> Renewal
Height _____ Hair _____ Sex _____	<input type="checkbox"/> Record Check
Weight _____ Eyes _____ Race _____	<input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony, in this or any other state, which has not been annulled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an unlawful user of or addicted to any controlled substance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted in any court of a misdemeanor of domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 _____

