



State of New Hampshire

DEPARTMENT OF SAFETY

DIVISION OF STATE POLICE

RESIDENT PISTOL/REVOLVER LICENSE



RENEWAL APPLICANTS PLEASE COMPLETE: NH Pistol/Revolver License #: _____ Expires _____

An incomplete application will be returned.

FILE #:	Name _____		Date of Application _____	
	Mailing Address:			
	Street _____		Driver's License No. _____	
	City/Town _____		Social Security No. _____	
	State _____		Telephone No. _____	
	Zip _____		(optional)	
	Legal Address (If different from above): _____			
	Date of Birth _____		Place of Birth _____	
	Height _____		Sex _____	
	Weight _____		Eyes _____	
		Race _____		

Original Renewal

Occupation: _____

Present Employer: _____

Employer's Address: _____

If you answer "Yes" to any of the following questions, you must provide complete details with this application.

Have you ever had a license to carry 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 crime 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 Complete Mailing Address of three (3) references:

1. _____	2. _____	3. _____
(NAME)	(NAME)	(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 RSA159 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 or her 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.

SIGNATURE OF APPLICANT: _____ **Date:** _____

OFFICIAL USE ONLY: Approved Denied **APPROVING OFFICIAL:** _____

DATE: _____