



**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 | mass.gov/cjis

PD USE ONLY	
FTN:	_____
LIC #:	_____

**Submit this form and direct any questions to  
your local police department**

**MASSACHUSETTS RESIDENT LTC/FID/MACHINE GUN APPLICATION  
FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR LICENSE TO CARRY  
FIREARMS OR LICENSE TO POSSESS A MACHINE GUN (M.G.L. c. 140, §§ 129B, 131)**

**CHECK ONE:**

- New Applicant\*
- Renewal - Most Recent License to Carry/FID Number: \_\_\_\_\_

\*NOTE: If application is for a first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached, unless exempt by statute. If this is a renewal application, a lost/stolen firearms affidavit must be submitted.

**LICENSE APPLICATION TYPE** (Check Only One):

- Firearms Identification Card - Restricted (self-defense spray)
- Firearms Identification Card
- License to Carry
- License to Possess a Machine Gun
- Gun Club License (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
---------------------	------	-------	----------	------------------

Mailing Address	City	State	Zip Code	Telephone Number
-----------------	------	-------	----------	------------------

Date of Birth	Place of Birth (City, State, Country)
---------------	---------------------------------------

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
-----------	-------	-----	------------------

**ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:**

1. Are you a citizen of the United States?  YES  NO

If lawful permanent resident alien, give green card number and resident date

\_\_\_\_\_ Green Card Number

\_\_\_\_\_ Resident Since (date)

If naturalized, give date, place and naturalization number

\_\_\_\_\_ Date

\_\_\_\_\_ Place

\_\_\_\_\_ Naturalization No.

2. Have you ever renounced your U.S. citizenship?  YES  NO

3. What is your age? \_\_\_\_\_ (You must be 21 to apply for a LTC, 18 to apply for a FID card, or 14 to 17 with submission of a certificate of parent or guardian granting permission to apply for a FID card or FID card – Restricted).

4. Have you ever been arrested or appeared in court as a defendant for any criminal offense?  YES  NO

5. Are you the subject of any pending criminal charges?  YES  NO

6. Have you ever been convicted of a felony?  YES  NO

7. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances as defined in M.G.L. c. 94C, § 1?  YES  NO

8. Have you ever been convicted of a violent crime or a crime of domestic violence?  YES  NO

9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction?  YES  NO

10. Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A, or a similar order issued by another jurisdiction?  YES  NO

11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction?  YES  NO

12. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse?  YES  NO

13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked, or denied?  YES  NO

14. Have you been discharged from the armed forces of the United States under dishonorable conditions?  YES  NO

15. Have you been the subject of an order of the probate court appointing a guardian or conservator?  YES  NO

**If you answered "YES" to any of the questions 2-15, give details which must include dates, circumstances and location; use a separate sheet of paper if necessary.**

---



---



---



---

Have you ever used or been known by another name?

YES  NO

If "YES", provide name and explain: \_\_\_\_\_

Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived?

NONE

\_\_\_\_\_

Have you ever held a firearms license in any other state, territory or jurisdiction?

YES  NO

If "YES", when, where, and license number? \_\_\_\_\_

\_\_\_\_\_

**List the name and addresses of two references (as required by your licensing authority)**

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:**

- Unrestricted
- Target & Hunting
- Sporting
- Employment

Use lines below to indicate the reason(s) you are requesting the license; use a separate sheet of paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*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 (M.G.L. c.140, §§ 129B(8), 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. I understand that filing an application that contains false information is a criminal offense.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

Signature of Applicant: \_\_\_\_\_

**Massachusetts License to Carry (LTC)/Firearms Identification Card (FID) Affidavit**

Complete this form **only** if you are **renewing** your firearms license.

License Holder Name: \_\_\_\_\_

Current LTC or FID card Number: \_\_\_\_\_

*Please select one:*

**A.**  (No firearm(s) lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.

2. I have not lost one or more firearms or had any firearms stolen since the renewal or issuance of my last FID card or LTC.

**OR**

**B.**  (Firearm(s) reported lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.

2. I have lost one or more firearms or have reported stolen one or more firearms since the renewal or issuance of my last FID card or LTC.

*List all lost or stolen firearms below; use additional sheets as necessary.*

Lost or Stolen	Date Reported Lost or Stolen	Reported to (Police Dept.)	Type	Make	Model	Serial Number	Case Number

The above information is true and accurate to the best of my knowledge and belief.

**SIGNED UNDER THE PENALTIES OF PERJURY:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_