



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. _____
 State _____ Zip _____ PHONE _____ (optional)

Legal Address (if different from above) _____

FILE #:

Date of Birth _____
 Place of Birth _____
 Height _____ Hair _____ Sex _____
 Weight _____ Eyes _____ Race _____

- Original
- Renewal
- Record Check
- 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 a 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 _____