



# West Brookfield Police Department

2 E. Main Street  
West Brookfield, MA 01776  
Business (508) 867-1405  
Fax (508) 867-1406

<http://www.wbrookfield.com>

## APPLICATION FOR NEW/RENEWAL OF FIREARMS IDENTIFICATION CARD OR LICENSE TO CARRY FIREARMS

### NEW APPLICANTS

1. Complete application form truthfully and return same. If you do not fully and accurately fill out the application, it may result in disqualification and/or the application being returned to you.
2. Complete a Basic Firearms Safety Course or a Massachusetts Hunter Safety Course and submit a copy of certificate.
3. Provide a copy of your MA Driver's License or Registry ID.
4. Submit two (2) written references stating the applicant is of sound mind and character and is believed by the reference to have demonstrated responsibility for the safe, responsible possession of a firearm.
5. Check or money order for \$100 (no cash) payable to the Town of West Brookfield must be submitted. Applicants between 15-18 years old the fee is \$25 for an FID. Renewal fee for 70 years and older is free
6. Additional correspondence may be accomplished via email.

An appointment will be made for first time applicants to have your fingerprints taken. Please also list your cell phone number on the application, if you have one. Your license or ID photo will be used to reduce time in the station.

### RENEWALS

1. Complete the application form truthfully and return same. If you do not fully and accurately fill out the application, it may result in disqualification and/or the application being returned to you.
2. Check or money order for \$100 (no cash) payable to the Town of West Brookfield must be submitted. Renewal fee for 70 years and older is free. Guidance for submitting payment will be provided.
3. Written references are **NOT NEEDED**. Just list references on the application.
4. The Licensing Officer will assist you through the process corresponding through email, or phone if necessary. A receipt will be provided which serves as proof that the applicant submitted the application prior to the expiration of their current license. This creates an indefinite grace period for both FID card and LTC holders until renewal license is either approved or denied.

\*\*\*You no longer need to obtain a Certificate of Residence from the Town Clerk. Residency will be confirmed through other means.



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.**

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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 \_\_\_\_\_  
day 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: \_\_\_\_\_