

MAUI COUNTY POLICE DEPARTMENT
LICENSE TO CARRY A CONCEALED OR UNCONCEALED FIREARM
APPLICATION FORM

Log # _____
LTC# _____
CCW# _____

READ ALL INSTRUCTIONS THOROUGHLY BEFORE BEGINNING

Required Documents:

- A letter to the Maui County Chief of Police addressing the purpose for a License to Carry a firearm (this is required for Unconcealed Carry applications only)
- Copy of State of the Hawai'i Firearm Registration for firearm to be carried
- Copy of a signed and notarized firearms proficiency test including scores*
- 2 passport-sized, front facing photos of applicant

* Firearms training shall include all requirements pursuant to current Hawai'i law, specifically HRS §134-9. The required proficiency test shall be taken with the firearm to be carried. Test must be administered by a Qualified Firearms Instructor approved by the County of Maui Chief of Police. A signed and notarized affidavit attesting to the successful completion of the required written and shooting training described by HRS §134-9 which also attests to the proficiency score attained by the applicant. (pass/fail only is not sufficient) **Note: make, model, caliber, and serial number of the firearm that was fired during the test must also appear on the affidavit.**

Notice: HRS §134-17 Penalties, shall be applied: (a) If any person gives false information or offers false evidence of the person's identity in complying with any of the requirements of this part, that person shall be guilty of a misdemeanor, provided, however that if any person intentionally gives false information or offers false evidence concerning their psychiatric or criminal history in complying with any of the requirements of this part, that person shall be guilty of a class C felony.

Please answer each question **completely** and **accurately**. If a question does not apply to you, indicate so with "not applicable". Do not leave the question blank. Your answers will be checked and verified for truthfulness. If you do not understand any of the questions listed below, please ask for clarification or assistance before answering. **Falsifying answers on this application is grounds for automatic denial.**

Application for License to Carry a Firearm UNCONCEALED or CONCEALED

1. APPLICANT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

2. DATE OF BIRTH: _____ 3. AGE: _____ 4: SEX: _____

5. PLACE OF BIRTH: _____ 6. SS#: _____
(City & State; or Country of Birth) (Social Security Number)

7. HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____
(Feet & Inches) (lbs.) (Color) (Color)

8. SCARS/MARKS/TATTOOS (description and location):

9. ADDRESS: _____
(Street Address City, State, Zip Code)

10. PHONE NUMBERS: _____
(Home) (Cell) (Work)

11. US CITIZENSHIP: Yes No By Birth *or* By Naturalization _____
(Citizenship Certificate Number)

12. PRESENT EMPLOYER: _____ 13. PHONE: _____

14. EMPLOYER'S ADDRESS: _____
(Address City State Zip)

15. JOB TITLE / POSITION: _____

16. Are you being prosecuted for one or more charges for a felony, a crime of violence, a criminal offense relating to firearms, or an illegal sale or distribution of any drug in a court in this state or elsewhere?" Yes No
If yes, list and explain circumstances: (include dates and locations)

17. Have you *ever* been served an Order for Protection or Temporary Restraining Order (TRO), or been restrained pursuant to an order of any court, including an ex-parte order, from contacting threatening, or physically abusing any person (Injunction Against Harassment)?

Yes No If yes, explain circumstances (include dates and locations):

18. Have you ever been under treatment or counseling for addiction to, abuse of, or dependence upon any dangerous, harmful, or detrimental drug, intoxicating compound, or intoxicating liquor, or controlled substance?

Yes No If yes, explain circumstances (include dates and name of treating physician):

19. Are you currently or have you ever been under treatment for, or ever been diagnosed as having a Behavioral, emotional, or mental disorders?

Yes No If yes, explain circumstances (include dates and name of treating physician):

20. Have you ever been acquitted of a crime on the ground of mental disease, disorder, or defect?

Yes No

If yes, explain circumstances (include dates, locations, and name of treating physician):

21. Are you authorized to utilize marijuana for medical purposes? Yes No

If yes, please provide expiration date and the state that issued the authorization: _____

22. Are you less than 25 years old and have been adjudicated by the family court to have committed a felony, two or more crimes of violence, or an illegal sale of any drug? Yes No

If yes, list and explain circumstances: (include dates and locations)

23. **FIREARM TO BE CARRIED:**

Manufacturer: _____ Model: _____

Semi-Auto Pistol Revolver Caliber: _____ Serial No.: _____

Registered to: _____

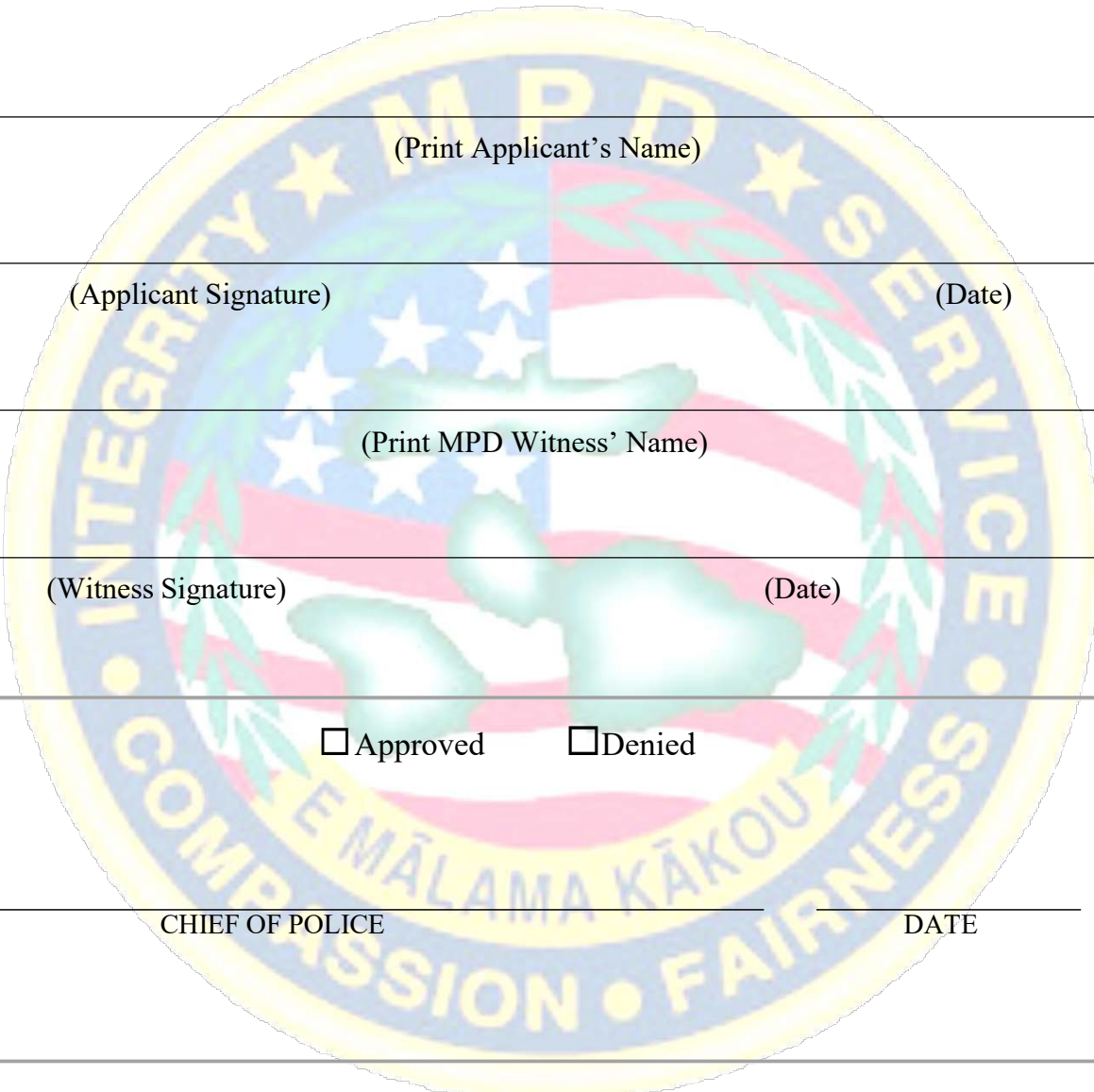
Address: _____

Registration # _____ (if applicable) County of Registration: _____

26. APPLICANT SIGNATURE:

I hereby certify that all statements in this application are true and correct to the best of my knowledge. I agree and understand that any misstatements may constitute grounds for the denial or revocation of this license.

It is further understood that the license, if issued, is limited to the County of Maui, State of Hawai'i for a period of one year from the date of issue unless otherwise noted.



(Print Applicant's Name)

(Applicant Signature) (Date)

(Print MPD Witness' Name)

(Witness Signature) (Date)

Approved Denied

CHIEF OF POLICE DATE

Expiration Date: _____
License Fee: (\$10.00) Received by: _____ (ID#) _____ (Date)