

MAUI POLICE DEPARTMENT FIREARM INFO SHEET

NAME \_\_\_\_\_ RES. ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYER PHONE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ SEX \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ NATURALIZATION # \_\_\_\_\_

IF OUT OF STATE, WHAT STATE? \_\_\_\_\_

TYPE OF FIREARM \_\_\_\_\_

CALIBER

BRAND/MAKE

TYPE/ACTION

SERIAL #

MODEL

BARREL LENGTH