

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

Log # \_\_\_\_\_  
LTC# \_\_\_\_\_  
CCW# \_\_\_\_\_

**RENEWAL APPLICATION FORM**

**READ ALL INSTRUCTIONS THOROUGHLY BEFORE BEGINNING**

Required Documents:

- Copy of State of the Hawai'i Firearm Registration(s) for firearm(s) to be carried
- Copy of a signed and notarized firearms proficiency test including scores for each firearm to be carried\*.
- 2 passport-sized, front facing photos of applicant

PREVIOUS LTC/CCW LIC NO: \_\_\_\_\_

Date Prev/Current License Expires  
or Expired: \_\_\_\_\_

\* Firearms proficiency test shall be taken with the firearm(s) to be carried. Test must be administered by a Qualified Firearms Instructor that is certified by the Chief of Police. A shooting proficiency affidavit certifying a score of 70% or better in live-fire shooting and a 70% or better written test score is required. Signed test results shall be notarized and include shooting scores (pass/fail only is not sufficient), make, model, caliber, and serial number of the firearm(s) that were fired during the test.

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.**

**Renewal Application for License to Carry a Firearm UNCONCEALED or CONCEALED**

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

2. DATE OF BIRTH: \_\_\_\_\_ 3. AGE: \_\_\_\_\_ 4. GENDER: \_\_\_\_\_

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):

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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. Have you been involved in any *physical acts of violence* or *domestic violence* (with or without injury) since your last application was issued?

Yes  No If yes, list *all* incidents, including dates, locations and circumstances:

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17. Have you been arrested as an adult in Hawai'i or elsewhere for any crime (criminal or traffic related) since your last application was issued? Yes No If yes, list *any and all* prior arrests (Include dates/locations)

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18. Have you previously been *convicted of any offenses (criminal or traffic related)*? since your last license was issued? Yes No If yes, list *any and all* prior convictions: (Include dates and locations)

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19. Are you a fugitive from justice?  Yes  No  
If yes, explain circumstances: (include dates and locations)

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

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21. Are you currently restrained by an Order for Protection or Temporary Restraining Order (TRO), or 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):

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22. Are you currently 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):

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23. Are you currently under treatment for or been recently diagnosed as having a behavioral, emotional, or mental disorder?  
 Yes  No If yes, explain circumstances (include dates and name of treating physician):

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24. 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):

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25. Are you authorized to utilize marijuana for medical purposes?  Yes  No  
If yes, please provide expiration date and the state that issued the authorization: \_\_\_\_\_  
\_\_\_\_\_

26. 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)  
\_\_\_\_\_  
\_\_\_\_\_

27. **FIREARM TO BE CARRIED**: List any additional firearms on a separate page & attach registrations for each.

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Semi-Auto Pistol    Revolver    Caliber: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Registered to: \_\_\_\_\_

Address: \_\_\_\_\_

Registration # \_\_\_\_\_ (if applicable) County of Registration: \_\_\_\_\_

28. **FIREARMS PROFICIENCY**:

Demonstrated on: \_\_\_\_\_  
(Date) (Place)

Examined by: \_\_\_\_\_ MPD Qualified Firearms Instructor No:  
(Name of Examiner)

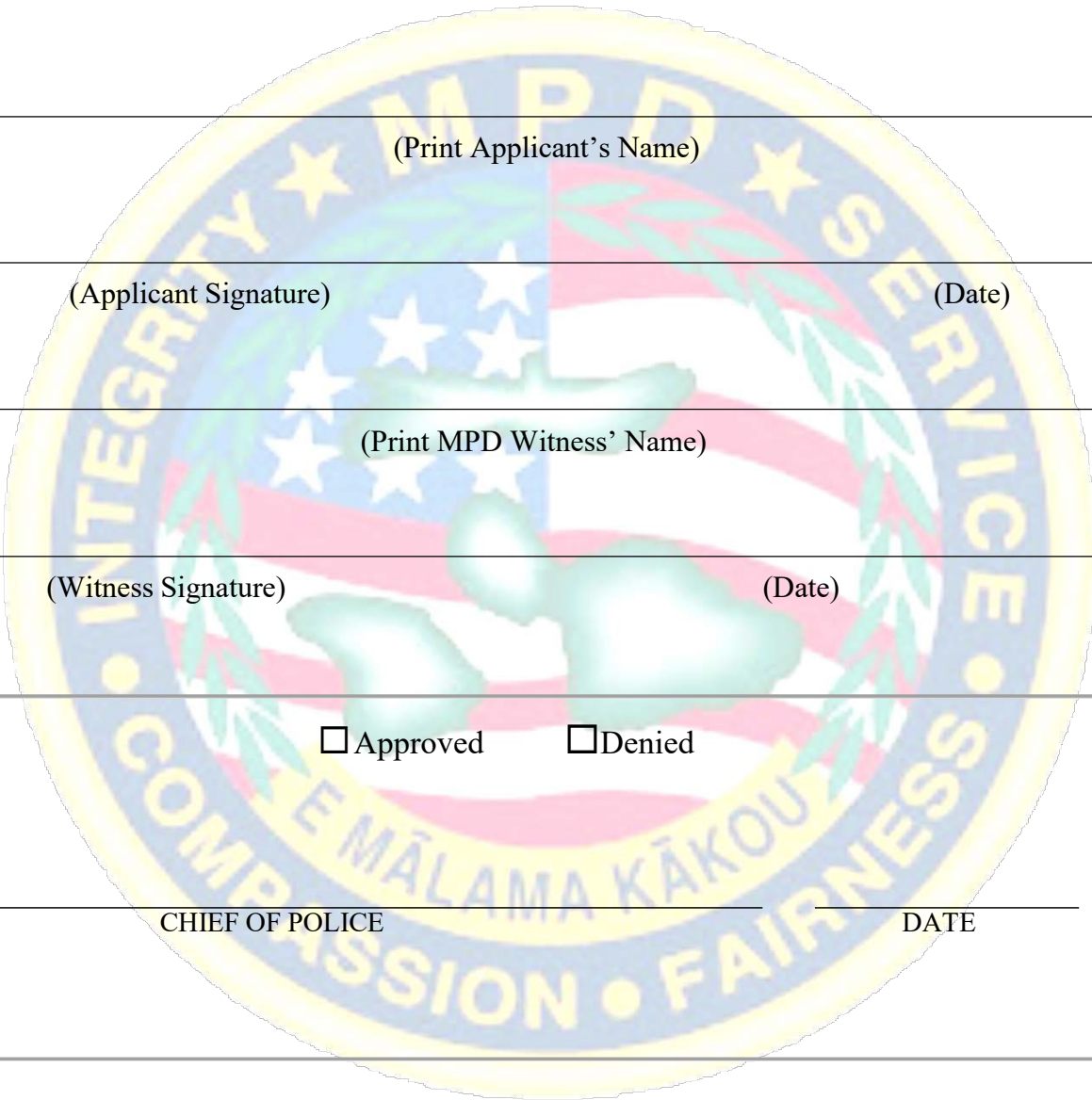
- **Attach NOTARIZED firearm proficiency test with scores for each firearm to be carried.**

29. **ADDITIONAL INFO FOR CONSIDERATION**:

30. 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

Renewal Fee: (\$50.00) Received by: _____			
	(ID#)	(Date)	
Financial Hardship Waiver Requested	Approved:	Denied:	Waiver Decision Date: