



**Welcome to the Leicester Police Department's
New On Line Printable Form Section**

**To the left you will see the available forms you can access
and print at your convenience, then fill out and
submit to the Leicester Police Department.**

**We hope this new method of obtaining these necessary forms
will enhance our Departments readiness to serve you.**



Commonwealth of Massachusetts

Motor Vehicle Crash Operator Report

When Should You File a Report

- You should file a report if you're the operator of a vehicle involved in a crash where the damage to any one vehicle or property is over \$1000, or if there is an injury to any person, even if a police officer was on the scene. You should file the report within 5 days of the date of the crash.

When Should You NOT File a Report

- You should not file a report if the crash occurred on a private road, driveway, private parking lot or other private way.

Why this Report is Important

Data from this report is used for many purposes including:

- Identifying locations with a large number of crashes.
- Improving dangerous highways and intersections.
- Developing highway safety public information programs.
- Developing programs to save lives and reduce highway injuries.

How To Complete This Form

Please carefully complete all sections of this form that apply to your crash, **circling the answer** where appropriate. Illegible reports will be returned to you.

Section A: Crash Location

- Provide the city/town where the crash occurred, the date and time of the crash, and the number of vehicles involved.
- Complete section A1 or A2.
- Use official names of all locations, streets and landmarks.
- Use street name and route #, if applicable.
- Be as precise as possible when describing the location.
- Provide enough information to locate the crash to a specific point, not just a street or roadway.

Section B: Vehicle You Were Driving

- Provide information on your license and the vehicle you were driving.
- Use the codes provided to indicate the cause of the crash.

Section C: You and Your Passengers

- Provide information on you and your passengers at the time of the crash.
- Use the codes provided to indicate occupant information.

Section D: Other Vehicles Involved in the Crash

- Provide information on the other vehicle(s) and operator(s) involved in the crash.
- If more than one vehicle involved, please use additional form completing Section D only.

Section E: Non-Motorist(s) Involved

- Provide information on the non-motorist(s) involved in the crash.
- If more than one non-motorist involved, please use additional form completing Section E only.

Section F: Crash Conditions

- Use the codes provided to indicate the conditions at the time of the crash.

Section G: Crash Diagram

- Draw a diagram of how the crash occurred.
- On the diagram, Vehicle 1 represents your vehicle.

Section H: Witness Information

- List all the people who saw the crash but were not involved.

Section I: Property Damage Information

- Indicate all non-vehicular property that was damaged in the crash.

Section J: Description of What Happened

- Describe the crash including events prior to the crash for your vehicles and all other vehicles.

Section K: Signature

- Please sign and print your name and indicate the date you completed the form.

Where to send completed reports:

- Mail or deliver one copy to your local police department in the city or town where the crash occurred.
- Mail one copy to your Insurance Company.
- Mail one copy to the RMV at the following address:

Crash Records
Registry of Motor Vehicles
P.O. Box 199100
Boston, MA 02119-9100

Section A: Crash Location

City/Town Where Crash Occurred	Date of Crash	Time of Crash ____ : ____ AM __ PM	# Vehicles Involved:
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Please complete Section A1 or A2 below to indicate the location of the crash.
If you need additional space to describe the crash location, please use Section J on the last page of this form.

<p>SECTION A1: Complete this Section if the crash occurred at an intersection of two or more streets:</p> <p>Step 1: Please indicate the route or roadway where you were travelling when the crash occurred:</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Step 2: What was the name (or names) of the intersecting streets?</p> <p>Route# _____ Name of Roadway/Street _____</p> <p>Route# _____ Name of Roadway/Street _____</p>	OR	<p>SECTION A2: Complete this Section if the crash did <u>NOT</u> occur at an intersection:</p> <p>Step 1: Please indicate the route, roadway and address where the crash occurred:</p> <p>The crash occurred on Route #: _____ at Street or Address Number: _____ on the Street/Roadway known as: _____</p> <p>Step 2: Please provide as much of the following specific location information as possible:</p> <p>The crash occurred (estimate number of feet) _____ feet (indicate direction as N/S/E/W) _____ of</p> <p>a) Mile Marker number _____</p> <p>OR: b) Exit Number _____</p> <p>OR: c) Intersecting Street/Roadway _____ Route# _____ Name of Roadway/Street _____</p> <p>OR: d) Landmark _____</p>
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Section B: Vehicle You Were Driving

Number of occupants in vehicle (including yourself): _____				Was vehicle damage above \$1000? <u>Yes</u> <u>No</u>			
Driver's License Number	License State	Date of Birth	Age	Sex __M__F	License Class __D__A__B__C __M__Unknown	Commercial Driver's License Endorsements H__Hazardous N__Tank vehicles P__Passenger transport T__Doubles/Triples X__Tank and Hazardous	
Your Full Name (Last, First, Middle)			Street Address			City/Town	State Zip
Insurance Company		Vehicle Registration #	Reg. Type	Reg. State	Vehicle Year	Vehicle Make	

Indicate your type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

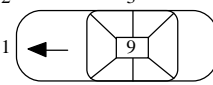
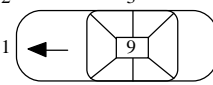
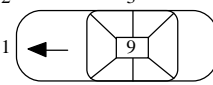
Full Name of Vehicle Owner (Last, First, Middle)	Street Address	City/Town	State	Zip
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Vehicle Travel Direction __N__S__E__W	What Was Your Vehicle Doing Prior to the Crash?				
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other
	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown
	3 Turning right	6 Entering traffic lane	9 Overtaking/passing		

Please Indicate the Sequence of Events as they occurred to YOUR Vehicle by writing the corresponding number (1-52, or 97, 99) in up to 4 boxes below.

What happened first?	What happened 2 ^d (if applicable)?	What happened 3 ^d (if applicable)?	What happened 4 th (if applicable)?
□	□	□	□

<p>Collision with</p> <ul style="list-style-type: none"> 1 Motor vehicle in traffic 2 Parked motor vehicle 3 Pedestrian 4 Cyclist 5 Animal- deer 6 Animal- other 7 Moped 8 Work zone maintenance equipment 9 Railway vehicle (train, engine) 10 Other movable object 11 Unknown movable object 20 Curb 21 Tree 22 Utility pole 23 Light pole or other post/support 24 Guardrail 25 Median barrier 26 Ditch 27 Embankment/Sloping shoulder 28 Highway traffic signpost 29 Overhead sign support 30 Fence 31 Mailbox 32 Crash cushion/Impact attenuator 33 Bridge 34 Bridge overhead structure 35 Other fixed object (wall, building, tunnel) 36 Unknown fixed object 	<p>Non-Collision</p> <ul style="list-style-type: none"> 40 Ran off road right 41 Ran off road left 42 Cross median/centerline 43 Overturn/rollover 44 Equipment failure (blown tire, brakes, etc) 45 Fire/explosion 46 Immersion 47 Jackknife 48 Cargo/equipment loss or shift 49 Separation of units 50 Downhill runaway 51 Other non-collision 52 Unknown non-collision 97 Other 99 Unknown
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Was your Vehicle Towed From the Scene Due to Damage? <u>Yes</u> <u>No</u>	<p>Vehicle Damaged Area</p> <p>(circle up to three)</p>	<table style="width: 100%;"> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td>0 None</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">  </td> <td style="text-align: center;">5</td> <td>10 Undercarriage</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">7</td> <td style="text-align: center;">6</td> <td>11 Totaled</td> </tr> <tr> <td></td> <td></td> <td></td> <td>97 Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td>99 Unknown</td> </tr> </table>	2	3	4	0 None	1		5	10 Undercarriage	8	7	6	11 Totaled				97 Other				99 Unknown
2	3	4	0 None																			
1		5	10 Undercarriage																			
8	7	6	11 Totaled																			
			97 Other																			
			99 Unknown																			

Section C: You and Your Passengers

Please provide the full name, address, and DOB or Age for all passengers in your vehicle. Then write the corresponding code in each of the boxes for each occupant of the vehicle (yourself and all passengers). A list of the possible codes is provided at the bottom of this section.

	Date of Birth/Age	Sex M/F	A	B	C	D	E	F	G	H	Name of Medical Facility
Driver (See previous page)											
Name of Passenger 1 (Last, First, Middle)	Address										
	City/Town			State			Zip				
Name of Passenger 2 (Last, First, Middle)	Address										
	City/Town			State			Zip				
Name of Passenger 3 (Last, First, Middle)	Address										
	City/Town			State			Zip				

A. Seating Position		B. Safety System Used		C. Air Bag Status		D. Air Bag Switch	
1 Front seat - left side (or motorcycle driver)	9 Third row - right side	0 None used	1 Shoulder and lap belt	1 Deployed-front	1 Switch in ON position	2 Deployed-side	2 Switch in OFF position
2 Front seat - middle	10 Sleeper section of cab	2 Lap belt only	3 Shoulder belt only	3 Deployed both front and side	3 ON-OFF switch not present	4 Not deployed	4 Unknown if switch is present
3 Front seat - right side	11 Enclosed passenger area	3 Shoulder belt only	4 Child safety seat	5 Not applicable	99 Unknown	5 Not applicable	99 Unknown
4 Second seat - left side (or motorcycle passenger)	12 Unenclosed passenger area	4 Child safety seat	5 Helmet	99 Unknown			
5 Second seat - middle	13 Trailing unit	99 Unknown					
6 Second seat - right side	14 Riding on vehicle exterior						
7 Third row - left side (or motorcycle passenger)	97 Other						
8 Third row - middle	99 Unknown						

E. Ejected From Vehicle?		F. Trapped?		G. Injured?		H. Transported for Medical Care?	
0 Not ejected	0 Not trapped	1 Fatal injury	1 Not transported	1 Fatal injury	97 Other	2 EMS (emergency service)	99 Unknown
1 Totally ejected	1 Freed by mechanical means	<u>Non-fatal injury:</u>	2 EMS (emergency service)	2 Incapacitating	99 Unknown	3 Police	
2 Partially ejected	2 Freed by non-mechanical means	3 Non-incapacitating		3 Non-incapacitating			
3 Not applicable	99 Unknown	4 Possible		4 Possible			
99 Unknown							

Section D: Other Vehicle(s) Involved in the Crash

Number of occupants in the Vehicle: _____		Number of injured occupants: _____		Was Vehicle Damage above \$1000? __Yes__No		Moped? __Yes__No		Hit and Run? __Yes__No	
Driver's License Number	License State	Date of Birth	Age	Sex __M__F	License Class __D__A__B__C __M__Unknown	Commercial Driver's License Endorsements H__Hazardous N__Tank vehicles P__Passenger transport T__Doubles/Triples X__Tank and Hazardous			
Full Name of Vehicle Driver (Last, First, Middle)			Street Address			City/Town		State Zip	
Insurance Company			Vehicle Registration #		Reg. Type	Reg. State	Vehicle Year	Vehicle Make	

Indicate type of vehicle

1 Passenger car	4 Bus (15 or more passengers)	8 Truck/trailer	12 Tractor/triples	97 Other
2 Light truck (van, mini-van, pick-up, sport utility)	5 Bus (7-15 passengers)	9 Truck tractor (bobtail)	13 Unknown heavy truck	99 Unknown
3 Motorcycle	6 Single-unit truck (2 axles)	10 Tractor/semi-trailer	14 Motor home/recreational vehicle	
	7 Single-unit truck (3 or more axles)	11 Tractor/doubles		

Full Name of Vehicle Owner (Last, First, Middle)			Street Address			City/Town		State Zip	
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Vehicle Travel Direction	What Was the Vehicle Doing Prior to the Crash?						Vehicle Damaged Area (circle up to three)			
	1 Travelling straight ahead	4 Turning left	7 Leaving traffic lane	10 Backing	97 Other		2	3	4	0 None
__N__S	2 Slowing or stopped	5 Changing lanes	8 Making U-turn	11 Parked	99 Unknown		1	5		11 Totaled
__E__W	3 Turning right	6 Entering traffic lane	9 Overtaking/passing				8	7	6	97 Other
										99 Unknown

Section E: Non-Motorist(s) Involved in the Crash

Indicate the type of non-motorist involved		1 Pedestrian	2 Cyclist	3 Skater	97 Other	99 Unknown	
What was the non-motorist doing prior to the crash?				Where was the non-motorist prior to the crash?			
1 Entering or crossing location	6 Working on vehicle	1 Marked crosswalk at intersection	6 Median (but not on shoulder)	2 Walking, running, or cycling	7 Standing	2 At intersection but no crosswalk	7 Island
3 Working	97 Other	3 Non-intersection crosswalk	8 Shoulder	4 Pushing vehicle	99 Unknown	4 In roadway	9 Sidewalk
5 Approaching or leaving vehicle		5 Not in roadway	10 Shared-use path or trails			5 Not in roadway	99 Unknown

Date of Birth/Age	Sex __M__F	Full Name of Non-Motorist (Last, First, Middle)		Street Address		City/Town		State Zip	
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Safety Equipment?		Injured?		Transported for Medical Care?	
0 None used	9 Lighting	1 Fatal injury	1 Not transported	97 Other	
6 Helmet	10 Other	<u>Non-fatal injury:</u>	2 EMS (emergency service)	99 Unknown	
7 Protective pads (elbows, knees, etc.)	99 Unknown	2 Incapacitating	3 Police		
8 Reflective clothing		3 Non-incapacitating	If transported, please indicate Hospital/Medical Facility:		
		4 Possible			

Section F: Crash Conditions

Light Conditions 1 Daylight 2 Dawn 3 Dusk 4 Dark - lighted roadway 5 Dark - roadway not lighted 6 Dark - unknown roadway lighting 97 Other 99 Unknown	Weather Conditions (up to two) 1 Clear 2 Cloudy 3 Rain 4 Snow 5 Sleet, hail, freezing rain 6 Fog, smog, smoke 7 Severe crosswinds 8 Blowing sand, snow 97 Other 99 Unknown	Traffic Control Device 1 No controls 2 Stop signs 3 Traffic control signal 4 Flashing traffic control signal 5 Yield signs 6 School zone signs 7 Warning signs 8 Railroad crossing device 99 Unknown	Was the traffic control device functioning at the time of the crash? 1 ___ Yes 2 ___ No	Road Surface 1 Dry 2 Wet 3 Snow 4 Ice 5 Sand, mud, dirt, oil, gravel 6 Water (standing, moving) 7 Slush 97 Other 99 Unknown	Roadway Intersection Type 1 Not at intersection 2 Four-way intersection 3 T-intersection 4 Y-intersection 5 On ramp 6 Off ramp 7 Traffic circle 8 Five-point or more 9 Driveway 10 Railway grade crossing 99 Unknown
Trafficway Description 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, protected median 4 One-way, not divided 99 Unknown	School Bus Related? 1 ___ Yes 2 ___ No	Work Zone Related? 1 ___ Yes 2 ___ No	Manner of Collision 1 Single vehicle crash 2 Rear-end 3 Angle 4 Sideswipe, same direction 5 Sideswipe, opposite direction 6 Head on 7 Rear to rear 99 Unknown		

Section G: Crash Diagram

 Indicate North by Arrow	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>Please draw a diagram of the roadway or streets where the crash occurred, indicating the vehicles involved and direction of travel using the following symbols:</p> <p>→ = Direction 1 = Vehicle 1 (Your Vehicle) 2 = Vehicle 2 O = Pedestrian/Non-motorist = North</p> <p>Select one of the following if the crash did not occur on a public way:</p> <p>___ Off-street parking lot ___ Garage ___ Mall/shopping center ___ Other private way</p>
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Section H: Witness Information

Witness Name (Last, First, Middle)	Address	Phone

Section I: Property Damage Information (Other than Vehicles)

Owner Name (Last, First, Middle)	Address	Phone	Property and Damage Description

Section J: Description of What Happened

Section K: Signature

	Print _____	Date _____
"Signed under Pains and Penalties of Perjury"		



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Public Safety
Criminal History Systems Board
200 Arlington Street, Suite 2200
Chelsea, Massachusetts 02150

www.mass.gov/chsb

Tel: (617) 660-4600
Fax: (617) 660-4613
TTY Tel: (617) 660-4606

Edward A. Flynn
Secretary

Barry J. LaCroix
Executive Director

Dear Applicant:

This letter and attached petition are being provided to you so that your petition for review by the Firearm Licensing Review Board ("FLRB") pursuant to Chapter 150 of the Acts of 2004, may be processed and reviewed as efficiently as possible.

It is important that you understand that the FLRB has the authority to review only misdemeanor convictions, and that the FLRB may not review convictions for:

- a) an assault or battery on a family or household member, or a person with whom you have had a substantive dating relationship, as defined by G.L. c. 209A, § 1;
- b) a crime involving use, possession, ownership, transfer, purchase, sale, lease, rental, receipt or transportation of weapons or ammunition for which a term of imprisonment may be imposed;
or
- c) a crime regulating the use, possession or sale of controlled substances.

In addition, the statute specifies that the FLRB may not review a petition if the petitioner:

- a) has a felony conviction;
- b) has multiple misdemeanor convictions, unless the offenses arise from one incident;
- c) was denied a license to carry or firearm identification card on the basis of suitability rather than a disqualifying conviction (the District Court is the appropriate forum for appeal in this case); or
- d) is disqualified for a reason other than a misdemeanor conviction, such as having an active warrant or restraining order.

Finally, the FLRB may not review a petition until after the passage of five (5) years since the misdemeanor conviction or release from supervision, whichever is last occurring.

Please be advised that the FLRB will review your criminal history as a result of the filing of this petition.

Should your petition be eligible for review, you will be notified in writing of a hearing date. At the hearing you will have the opportunity to appear and/or submit documentary and testimonial evidence in

support of your petition. The FLRB requests that you submit all documents that you wish it to consider prior to the hearing date to ensure a timely review. As required by the statute, you bear the burden of proof by clear and convincing evidence that you are a suitable person to receive a firearm identification (FID) card or a license to carry (LTC) notwithstanding the disqualifying conviction.

We have included a list of documents (attached) which we recommend that you include with your petition. While it is not necessary to retain the services of an attorney to represent you at the hearing, you should feel free to do so if you so choose.

Please note that if your petition is successful, and the FLRB determines that you are a suitable candidate for a LTC or FID card relative to the misdemeanor conviction, you must still apply to your local police chief for the LTC or FID card, and the final determination on issuing is made by the licensing authority.

To file a petition with the Firearm Licensing Review Board to start the review process, please forward:

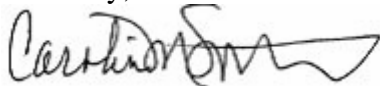
- 1) the completed petition;
- 2) the required \$100.00 filing fee (payable to the Commonwealth of Massachusetts);
- 3) a copy of a current or previous application for an LTC or FID card, as filed with your local licensing authority;
- 4) any documentation which will assist the FLRB in making its determination;
- 5) a list of witnesses, if any, that you want to have testify on your behalf;
- 6) a notice that you request the services of a stenographer to produce a verbatim transcript of the hearing, if you wish to have these services available. (Please note that the hearing is digitally recorded by CHSB, but that the petitioner is responsible for the cost of a stenographer's services.)

All information should be sent to the:

Firearm Licensing Review Board
Criminal History Systems Board
200 Arlington St., Suite 2200
Chelsea, MA 02150

Please be sure to have your signature on the petition notarized. Should you have any questions regarding this application or the supporting documentation, please contact the Criminal History Systems Board at 617-660-4780, or visit our web site at www.mass.gov/chsb/frb, for more information.

Sincerely,



Caroline Sawyer
Director of Firearm Support Services

Petition for Review by the Firearm Licensing Review Board

Pursuant to Chapter 150 of the Acts of 2004, you may petition the Firearm Licensing Review Board (FLRB) to determine whether you are eligible and suitable for a license to carry or firearm identification card relative to your misdemeanor conviction.

All petitions should be mailed to the Firearm Licensing Review Board, Criminal History Systems Board (CHSB), 200 Arlington Street, Suite 2200, Chelsea, MA 02150.

Individual making the petition:

Name: _____
Last First Middle

Current Address: _____

Telephone: _____
Other: _____

YOU WILL NEED TO HAVE YOUR SIGNATURE NOTARIZED AT THE TIME OF SIGNING

I hereby attest that the information provided is true and accurate.

Petitioner's Signature

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC

_____, SS.

The above-named _____, appeared before me, the undersigned authority, this _____ day of _____, 200____ and acknowledged the foregoing signature to be made of his or her own true free act and deed.

Notary public

My commission expires

Recommended Supporting Documentation

- 1) A written statement, including specific proof and/or examples that demonstrate, by clear and convincing evidence, your suitability to possess a FID or LTC. If you have additional criminal charges that did not result in a conviction, these also may be addressed in the statement.
- 2) A certified copy of the criminal conviction(s) that disqualifies you from being eligible to have a FID or LTC (you can obtain this from the trial clerk's office of the courthouse in which you were convicted).
- 3) A list of witnesses, if any, that you plan on calling at the hearing to testify, specifying each witness' full name, address and date of birth.
- 4) You may also include additional information, including certificates of training or education that you believe may be important for the FLRB to consider (i.e. firearm safety courses, letters of commendations, honorable discharge, etc.). In order to meet the evidentiary requirements at the hearing you will need to ask that the keeper of the records authenticate that the documents are true and accurate and kept in the usual course of business.
- 5) You may include letters of recommendation, including from your local police chief.
- 6) The arrest report pertaining to the conviction may be submitted. You may obtain a copy of the arrest report from the police department that investigated the case. You will need to ask that the police department certify that the report is an official business record pursuant to G.L. c. 233, § 78. The police department may need to redact information that is confidential by statute prior to giving you the report. This documentation is especially important if you have been convicted of assault and battery, so that you may demonstrate to the FLRB that the assault is not domestic in nature.

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, § 131).

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

SPACE FOR EXPLANATION AND DETAILS ARE PROVIDED ON PAGE 3.

1. ARE YOU A CITIZEN OF THE UNITED STATES? _____
IF NATURALIZED GIVE DATE, PLACE AND NATURALIZATION NUMBER: _____.
2. HAVE YOU EVER USED OR BEEN KNOWN BY ANOTHER NAME? _____. IF YES PROVIDE NAME AND EXPLAIN: _____
3. WHAT IS YOUR AGE? * _____ *YOU MUST BE 21 YEARS OF AGE TO APPLY FOR A LICENSE TO CARRY FIREARMS, 18 YEARS OF AGE* TO APPLY FOR A FIREARMS IDENTIFICATION CARD. * 15 YEARS OF AGE BUT LESS THAN 18 YEARS OF AGE WITH SUBMISSION OF A CERTIFICATE FROM PARENT OR GUARDIAN GRANTING PERMISSION TO APPLY FOR A FIREARMS IDENTIFICATION CARD.
4. HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
5. HAVE YOU EVER BEEN CONVICTED OF THE UNLAWFUL USE, POSSESSION, OR SALE OF NARCOTIC OR HARMFUL DRUGS AS DEFINED IN M.G.L. c. 94C, § 1? _____
6. HAVE YOU EVER BEEN CONVICTED OF A CRIME PUNISHABLE BY INCARCERATION BY MORE THAN (1) ONE YEAR? _____
7. IN ANY STATE OR FEDERAL JURISDICTION HAVE YOU EVER BEEN CONVICTED AS AN ADULT OR ADJUDICATED A YOUTHFUL OFFENDER OR DELINQUENT CHILD FOR THE COMMISSION OF (a) A FELONY; (b) A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR MORE THAN 2 YEARS; (c) A VIOLENT CRIME AS DEFINED IN M.G.L. c. 140, § 121; (d) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION, OWNERSHIP, SALE, TRANSFER, RENTAL, RECEIPT OR TRANSPORTATION OF WEAPONS OR AMMUNITION FOR WHICH A TERM OF IMPRISONMENT MAY BE IMPOSED; OR (e) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION OR SALE OF CONTROLLED SUBSTANCES AS DEFINED IN M.G.L. c. 94, § 1? _____
8. HAVE YOU EVER BEEN CONFINED TO ANY HOSPITAL OR INSTITUTION FOR MENTAL ILLNESS? _____
9. ARE YOU OR HAVE YOU EVER BEEN UNDER TREATMENT FOR OR CONFINEMENT FOR DRUG ADDICTION OR HABITUAL DRUNKENNESS? _____
10. HAVE YOU EVER APPEARED IN ANY COURT AS A DEFENDANT FOR ANY CRIMINAL OFFENSE (EXCLUDING NON-CRIMINAL TRAFFIC OFFENSES)? _____
11. ARE YOU NOW UNDER ANY CHARGE(S) FOR ANY OFFENSE(S) AGAINST THE LAW? _____
12. ARE YOU NOW OR HAVE YOU EVER BEEN THE SUBJECT OF A M.G.L. c. 209A RESTRAINING ORDER OR INVOLVED IN A DOMESTIC VIOLENCE CHARGE? _____
13. HAS ANY LICENSE TO CARRY FIREARMS, PERMIT TO POSSESS FIREARMS, OR FIREARMS IDENTIFICATION CARD ISSUED TO YOU UNDER THE LAWS OF ANY STATE, TERRITORY OR JURISDICTION EVER BEEN SUSPENDED, REVOKED OR DENIED? _____
14. ARE YOU CURRENTLY THE SUBJECT OF ANY OUTSTANDING ARREST WARRANT IN ANY STATE OR FEDERAL JURISDICTION? _____

Continued on page 3

NAME _____ DOB: _____

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FOUR THROUGH FOURTEEN, GIVE DETAILS WHICH MUST INCLUDE DATES, CIRCUMSTANCES AND LOCATION:

(IF NECESSARY USE SEPARATE SHEET OF PAPER TO COMPLETE)

OTHER THAN MASSACHUSETTS, WHAT OTHER STATE, TERRITORY OR JURISDICTION HAVE YOU RESIDED IN?

HAVE YOU EVER HELD A LICENSE TO CARRY IN ANY OTHER STATE, TERRITORY OR JURISDICTION? _____
IF "YES", WHEN, WHERE AND LICENSE NUMBER:

LIST NAME AND ADDRESSES OF TWO REFERENCES (NOT REQUIRED IF APPLYING FOR A FIREARMS IDENTIFICATION CARD):

1. _____

2. _____

REASON (S) FOR REQUESTING THE ISSUANCE OF CARD OR LICENSE:

CHANGE OF ADDRESS NOTIFICATION REQUIREMENTS:

MASSACHUSETTS GENERAL LAW REQUIRES THAT:

ANY LICENSEE SHALL NOTIFY, IN WRITING, THE LICENSING AUTHORITY WHO ISSUED SAID LICENSE, THE CHIEF OF POLICE INTO WHOSE JURISDICTION THE LICENSEE MOVES AND THE EXECUTIVE DIRECTOR OF THE CRIMINAL HISTORY SYSTEMS BOARD OF ANY CHANGE OF ADDRESS. SUCH NOTIFICATION SHALL BE MADE BY CERTIFIED MAIL WITHIN 30 DAYS OF ITS OCCURRENCE. FAILURE TO SO NOTIFY SHALL BE CAUSE FOR REVOCATION OR SUSPENSION OF SAID LICENSE (M.G.L. c.140, § 131 (l)).

A CARDHOLDER SHALL NOTIFY, IN WRITING, THE LICENSING AUTHORITY THAT ISSUED SUCH CARD, THE CHIEF OF POLICE INTO WHOSE JURISDICTION SUCH CARDHOLDER MOVES AND THE EXECUTIVE DIRECTOR OF THE CRIMINAL HISTORY SYSTEMS BOARD OF ANY CHANGE OF ADDRESS. SUCH NOTIFICATION SHALL BE MADE BY CERTIFIED MAIL WITHIN 30 DAYS OF ITS OCCURRENCE. FAILURE TO SO NOTIFY SHALL BE CAUSE FOR REVOCATION OR SUSPENSION OF SUCH CARD (M.G.L. c.140, § 129B (11)).

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 AND MAY BE USED IN A CRIMINAL PROCEEDING PURSUANT TO M.G.L c. 140, §§ 129 AND 131.

SIGNED UNDER THE PENALTIES OF PERJURY THIS _____ DAY OF _____, _____
(DAY) (MONTH) (YEAR)

SIGNATURE OF APPLICANT _____

APPLICANT: BRING TO YOUR LOCAL LICENSING AUTHORITY (POLICE DEPARTMENT). DO NOT MAIL THE FIREARMS RECORD BUREAU.

LICENSING AUTHORITY (LOCAL POLICE DEPARTMENT:

PLEASE RETAIN ONE COPY FOR YOUR FILES, FORWARD ONE COPY TO THE FIREARMS RECORD BUREAU WITH THE COMPLETED LTC/FID OR MG LICENSE FOR DATA ENTRY AND ONE COPY TO THE MASS STATE POLICE WITH THE APPLICANT'S FINGERPRINT CARD (FINGERPRINT CARD REQUIRED FOR NEW APPLICANT, ONLY) FOR APPROPRIATE FINGERPRINT SUPPORTED CRIMINAL RECORD CHECK.
