

Ashland Police Department

137 Main Street
Ashland, Massachusetts 01721
Tel. (508) 881-1212 Fax. (508) 881-0105



David J. Beaudoin Lieutenant Craig W. Davis Chief of Police

Richard M. Briggs Lieutenant

RENEWALS

- Contact the Ashland Police Department, 508-881-1212, press "0" at prompt and find out when Officer Foster or Officer Araujo are scheduled to work next. DO NOT LEAVE A VOICE MAIL.
- 2. Call during either of their shifts and ask to speak with them to set up an appointment to complete the application process.
- 3. Complete the "Massachusetts License to Carry (LTC)/Firearms Identification Card (FID) Affidavit" (page 4) of the Application

When you come to the appointment:

- 1. Have your application completed.
- 2. Have your \$100.00 check or money order with you made out to "The Town of Ashland".
- 3. Have your driver's license and old / current FID / LTC.

NEW APPLICANTS

- 1. Prior to setting up an appointment, you must have completed and passed a certified firearms safety course.
- 2. For a License to Carry you must have two letters of reference, cannot be a relative.
- 3. Have your \$100.00 check or money order with you made out to "The Town of Ashland".
- 4. Have your drivers license.
- 5. Contact the Ashland Police Department, 508-881-1212, press "0" at prompt and find out when Officer Foster or Officer Araujo are scheduled to work next.

 DO NOT LEAVE A VOICE MAIL.
- 4. Call during either of their shifts and ask to speak with them to set up an appointment to complete the application process

All applications must be dropped off in person to either Officer Foster or Officer Araujo.

Do not leave the applications at the front counter.



CHECK ONE:

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:
IIC#:
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 POSSES A MACHINE GUN (M.G.L c. 140, §§ 129B, 131)

Residential Address City State Zip Code Telephone Mailing Address City State Zip Code Telephone 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 Employed By Business Address	_ New Applicant*							
Hunter Safety Course Certificate must be attached, unless exempt by statute. If this is a renewal application, a lost/stolen 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) *** *** *** ** ** ** ** ** ** ** **	_ Renewal - Most Recen	t License to Carry/FI	Number:					
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) XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION: Last Name First Name Middle Name Suffix Residential Address City State Zip Code Telephone Mailing Address City State Zip Code Telephone 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 Öccupation Social Security Number (Optional) Drivers License Employed By Business Address	lunter Safety Course Certif	a first firearms identifi icate must be attache	cation card or li d, unless exem	icense to carry firearn opt by statute. If this is	ns, a cop s a renev	oy of the Firea val application	nrms Safety Certificate or n, a lost/stolen firearms	
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) XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION: Last Name First Name Middle Name Suffix Residential Address City State Zip Code Telephone Mailing Address City State Zip Code Telephone 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 Employed By Business Address	ICENSE APPLICATI	ON TYPE (Check	Only One):					
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License to Possess a Machine Gun Gun Club License (Only the Colonel of the State Police can issue a club license) XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION: Last Name First Name Middle Name Sufficence Sufficence State Suppose Sufficence Suffic	_ Firearms Identification	Card	-					
Gun Club License (Only the Colonel of the State Police can issue a club license) XCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION: Last Name First Name Middle Name Suffi. Residential Address City State Zip Code Telephone Mailing Address City State Zip Code Telephone 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 Employed By Business Address	_ License to Carry				- 16			
ACCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION: Last Name First Name Middle Name Suffice Residential Address City State Zip Code Telephone Mailing Address City State Zip Code Telephone 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 Employed By Business Address	License to Possess a l	Machine Gun			·			
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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 Employed By Business Address	Mailing Address		City		State	Zip Code	Telephone Number	
Height Weight Build Complexion Hair Color Eye Color Occupation Social Security Number (Optional) Drivers License Employed By Business Address	Date of Birth	Place of Birth (City	, State, Countr	у)				
Occupation Social Security Number (Optional) Drivers License Employed By Business Address	Mother's First Name	Mother's Maiden Name		Father's First Name Fathe		Father's La	r's Last Name	
Employed By Business Address	Height Weight	Build	Complexion	Hair Cold	or 🌼	E	Eye Color	
	Occupation			Social Security Number (Optional) Drivers License Number				
	Employed By			Business Address				
City/Town State Zip Telephone Number	City/Town	State		Zip		Telepho	ne Number	

ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

1.	Are you a citizen of the United States?				☐ YES	□ №
	If lawful permanent resident alien, give green card number and resident date	Green Card	Number	.v Resident S	Since (date	•)
	If naturalized, give date, place and naturalization number	Date	Place	Naturaliza	tion No.	
2.	Have you ever renounced your U.S. citizens	ship?			□ YE\$	
3.	What is your age? (You must be 21 submission of a certificate of parent or guardian granting p		to apply for a FID card, or 1 a FID card or FID card – Re			
4.	Have you ever been arrested or appeared in	n court as a defer	ndant for any crimina		□ YES	
5.	Are you the subject of any pending criminal	charges?		설 -	□ YES	
6.	Have you ever been convicted of a felony?				□ YES	
7.	Have you ever been convicted of the unlaw as defined in M.G.L. c. 94C, § 1?	ful use, possessio	on, or sale of controll	ed substances	□ YES	□ NC
8.	Have you ever been convicted of a violent of	crime or a crime o	of domestic violence?	•	□ YES	□ ис
9.	Have you ever been convicted as an adult of in any state or federal jurisdiction?	or adjudicated a y	outhful offender or d	elinquent child	□ YES	□NC
10.	Are you now, or have you ever been the su or a similar order issued by another jurisdic		ling order issued pur	suant to M.G.L. c. 209A,	□ YES	
11.	Are you currently the subject of any outstan	iding arrest warra	nt in any state or fed	eral jurisdiction?	□ YES	
12,	Have you ever been committed to any hosp	oital or institution f	for mental illness, or	alcohol or substance abuse?	□ YES	
13.	Has any firearms license issued under the lor denied?	aws of any state	or territory ever been	suspended, revoked,	□ YES	□NC
14.	Have you been discharged from the armed	forces of the Unit	ted States under disf	nonorable conditions?	□ YE\$	
15.	Have you been the subject of an order of the	e probate court a	ppointing a guardian	or conservator?	□ YES	□NC
	u answered "YES" to any of the c umstances and location; use a se				tes,	
		Add MANUFACT .		*		

Have you ever used or been known by anoth	ner 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 If "YES", when, where, and license number?	other state, territory or jurisdiction?	□ YES □ NO
List the name and addresses of two references.	ces (as required by your licensing authority)	
Last Name	First Name	
Address	City/Town	State Zip
2. Last Name	First Name	
Address	City/Town	State Zip
	card or license: Sporting Employment are requesting the license; use a separate sheet of	paper if necessary)
\$500 nor more than \$1,000 or by imprisonment such fine and imprisonment (M.G.L. c.140, §§ 1	an application containing false information shall be t for not less than 6 months nor more than 2 years (29B(8), 131(h)).	s in a house of correction, or by bot
will be just cause for denial or revocation of my information is a criminal offense.	license to carry firearms. I understand that filing	an application that contains false
Signed under the penalties of perjury this	day of day of	h 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 or	ne:			*				
	A. O (No firea	rm(s) lost or stolen since	e previous issu	Jance of LTC o	r FID card)				
	·	I am renewing a Mas			·	D) card or license	e to carr <u>y</u>		
	 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. 								
				<u>OR</u>					
	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.								
		I have lost one or mo		-	oorted stolen o	one or more firea	arms since		
	the renewal or issuance of my last FID card or LTC.								
	List all I	ost or stolen firearm	s below; us	e additional	sheets as nece	essary.			
Lost or		Reported to	Туре	Make	Model	Serial Number	Case Number		
Stolen	Lost or Stolen	(Police Dept.)	100000000000000000000000000000000000000		27.18	24 (Sept. 24)			
				<u> </u>	í.				
	The above info	rmation is true and	accurate to	the best of	my knowledge	and belief.			
	SIGNED UNDER	R THE PENALTIES OF	PERJURY:						
	Signature:				Date:				
	LTC-FID Application - R	evised May 2015				F	Page - 4 of 4		