

HAWAII POLICE DEPARTMENT APPLICATION FOR LICENSE TO CARRY FIREARMS

Please complete this application completely and accurately. Your answers will be checked and verified for truthfulness. Falsifying answers on this application will be grounds for denial. In addition, 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. If you do not understand any of the below listed questions, please ask for clarification or assistance before answering.

1. APPLICANT

LAST NAME
FIRST NAME
MIDDLE NAME

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

5. PLACE OF BIRTH: _____ SSN: _____

CITY
STATE/COUNTRY
SOCIAL SECURITY NUMBER

6. HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

FEET & INCHES
POUNDS
COLOR
COLOR

7. SCARS/MARKS/TATTOOS: _____
DESCRIPTION AND LOCATION

8. ADDRESS: _____

NUMBER - STREET
CITY
STATE
ZIP CODE

9. PHONE NUMBER(S): Home: _____ Work: _____ Other: _____

10. U.S. CITIZENSHIP: YES: No: BY BIRTH: BY NATURALIZATION:
 IF NATURALIZED, DATE OF NATURALIZATION: _____ CITIZENSHIP CERTIFICATE NUMBER: _____

LAWFUL PERMANENT RESIDENT: USCIS Number: _____

OFFICIAL REPRESENTATIVE OF A FOREIGN NATION: (Provide Copy of Credentials)

11. OCCUPATION: _____

12. PRESENT EMPLOYER: _____ EMPLOYER'S PHONE: _____
COMPANY NAME

13. Employer's Address: _____

NUMBER - STREET
CITY
STATE
ZIP CODE

14. JOB TITLE/POSITION: _____

15. PREVIOUS MILITARY SERVICE: YES: No: BRANCH: _____

16. TYPE OF DISCHARGE: HONORABLE: OTHER: (Specify) _____

17. HAVE YOU EVER BEEN INVOLVED IN ANY ACTS OF DOMESTIC VIOLENCE? YES: No:

18. IF YES, LIST ALL INCIDENTS (INCLUDE DATES, LOCATIONS, AND CIRCUMSTANCES)

19. HAVE YOU EVER BEEN ARRESTED? YES: No:
 IF YES, LIST ANY AND ALL PRIOR ARRESTS (INCLUDE DATES AND LOCATIONS)

20. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSES (CRIMINAL OR TRAFFIC)? YES: NO:
IF YES, LIST ANY AND ALL CONVICTIONS (INCLUDE DATES AND LOCATIONS)

21. ARE YOU A FUGITIVE FROM JUSTICE? YES: NO:
IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

22. ARE YOU UNDER INDICTMENT FOR, OR HAVE YOU WAIVED INDICTMENT FOR HAVING COMMITTED A FELONY, OR ANY CRIME OF VIOLENCE OR AN ILLEGAL SALE OF ANY DRUG IN THIS STATE OR ELSEWHERE?
YES: NO:
IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

23. HAVE YOU EVER BEEN SERVED AN ORDER FOR PROTECTION OR A TEMPORARY RESTRAINING ORDER (TRO)?
YES: NO:
IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

24. HAVE YOU EVER BEEN RESTRAINED PURSUANT TO AN ORDER OF ANY COURT, INCLUDING AN EX PARTE ORDER, FROM CONTACTING, THREATENING, OR PHYSICALLY ABUSING ANY PERSON?
YES: NO:
IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

25. HAVE YOU EVER BEEN UNDER TREATMENT OR COUNSELING FOR ADDICTION TO OR ABUSE OF, OR DEPENDENCE UPON ANY DANGEROUS, HARMFUL, OR DETRIMENTAL DRUG, INTOXICATING COMPOUND (DEFINED IN SEC 712-1240 HRS) OR INTOXICATING LIQUOR?
YES: NO:
IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

26. HAVE YOU CURRENTLY OR HAVE YOU EVER BEEN UNDER TREATMENT FOR OR HAVE YOU EVER BEEN DIAGNOSED AS HAVING BEHAVIORAL, EMOTIONAL, OR MENTAL DISORDERS?

YES: NO:

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

27. HAVE YOU EVER BEEN ACQUITTED OF A CRIME ON THE GROUNDS OF MENTAL DISEASE, DISORDER, OR DEFECT (DEFINED IN SECTION 704-411)?

YES: NO:

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

28. IF YOU ARE UNDER THE AGE OF TWENTY-FIVE, PLEASE ANSWER THE FOLLOWING:
HAVE YOU EVER BEEN ADJUDICATED BY THE FAMILY COURT TO HAVE COMMITTED A FELONY, ANY CRIMES OF VIOLENCE, OR AN ILLEGAL SALE OF ANY DRUG?

YES: NO:

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

29. PURPOSE FOR CARRYING FIREARM:

30. WEAPON TO BE CARRIED:

MANUFACTURER: _____ MODEL: _____

TYPE: _____ CALIBER: _____ FACTORY NUMBER: _____

REGISTERED TO: _____

ADDRESS: _____

REGISTRATION NUMBER: _____

WHERE REGISTERED:

CITY

STATE

POLICE DEPARTMENT

