LICENSE NO.:
LICENSE NO

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.

١.	APPLICANT							
-	LAST NAME		FIRST NAME		Middl	E NAME		
2.	DATE OF BIRTH:	3.	Age:	4.	SEX:			
).	PLACE OF BIRTH:			SSN:				
		STATE/				ECURITY NUMBER		
i.	HEIGHT: WEIGHT: Poi	UNDS	EYES:	Color	HAIR:	Color		
	Scars/Marks/Tattoos:							
			DESCRIPTION	AND LOCATION				
	ADDRESS: Number – Street			Сіту	STATE	ZIP CODE		
	PHONE NUMBER(s): Homo:	\Morl	/ :		thor:			
	PHONE NUMBER(S): Home:				· ·			
0.	U.S. CITIZENSHIP: YES: NO: IF NATURALIZED, DATE OF		CITIZENSHIE					
	Naturalization:		NUMBER:	0				
	LAWFUL PERMANENT RESIDENT: US6	CIS Numb	er:					
	OFFICIAL REPRESENTATIVE OF A FOREIGN NATION: (Provide Copy of Credentials)							
		_ ,		Orcaciillais)				
-								
	PRESENT EMPLOYER: COMPANY N	NAME		EMPLOYER'S	S PHONE:			
	Employer's Address: Number – Street			CITY	STATE	ZIP CODE		
	JOB TITLE/POSITION:							
	PREVIOUS MILITARY SERVICE: YES:	No:	BRANCH:					
ì.	TYPE OF DISCHARGE: HONORABLE:	OTHER:	(Specify)					
			_ 、 , , , ,	YES:] No	D: []		
-	IF YES, LIST ALL INCIDENTS (INCLUDE DATES, LOCATIONS,			. —		_		
•		15 OINOOMC						
	HAVE VOLLEVED DEEN ADDECTED 2							
	HAVE YOU EVER BEEN ARRESTED? YES: No: 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: 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: 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:
	IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

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26.	HAVE YOU CURRENT BEHAVIORAL, EMOTION			R TREATMENT	FOR OR HAVE YOU EVER	BEEN DIAGNOSED A	S HAVING
		Yes:		No:			
	IF YES, EXPLAIN CIRC	CUMSTANCES (INCL	UDE DATES AND LOC	ATIONS)			
27.	HAVE YOU EVER BE SECTION 704-411)?	EN ACQUITTED OF	A CRIME ON THE	GROUNDS OF	MENTAL DISEASE, DISOI	RDER, OR DEFECT (I	DEFINED IN
		YES:		No:			
	IF YES, EXPLAIN CIRC	CUMSTANCES (INCL	UDE DATES AND LOC	ATIONS)			
		-					
28.	IF YOU ARE UNDER T HAVE YOU EVER BEE AN ILLEGAL SALE OF	EN ADJUDICATED B			OLLOWING: COMMITTED A FELONY, A	NY CRIMES OF VIOL	ENCE, OR
		Yes:		No:			
	IF YES, EXPLAIN CIRC	CUMSTANCES (INCL	UDE DATES AND LOC	ATIONS)			
29.	PURPOSE FOR CARR	YING FIREARM:					
30.	WEAPON TO BE CAR	RIED:					
	MANUFACTURER:				MODEL:		
	TYPE:		CALIBER:		FACTORY NUMBER: _		
	REGISTERED TO:						
	_						
	REGISTRATION NUM						
	WHERE REGISTERE						
		CITY	STATE	=	POLICE DEPA	RTMENT	

	LICENSE	NO.:				
31. APPLICANT DECLARATION:						
I UNDERSTAND THAT A LICENSE TO CARRY A FIREAR OR LAW ENFORCEMENT POWERS. FURTHERMORE, I UREGARDING THE USE OF FORCE (REFERENCE CHAPT	JNDERSTAND THAT I MUST COMPLY WITH THE LAWS					
I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THAT AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS REVOCATION OF THIS PERMIT AND/OR LICENSE ISSUE	OF MATERIAL FACTS HEREIN MAY CONSTITUTE GRO					
	SIGNATURE OF APPLICANT	DATE				
POLICE DEPARTMENT USE						
Received By (Printed Name/Signature)	Date	Time				
RECORDS SECTION						
APPLICATION/DOCUMENTS EXAMINED BY: ACCEPT: REJECT: REJECT:						
PRINT NAME	SIGNATURE	DATE				
SPECIAL CONDITIONS GOVERNING LICENSE						
☐ LICENSE TO CARRY THE FIREARM DESCRIBED	HEREIN CONCEALED					
☐ LICENSE TO CARRY THE FIREARM DESCRIBED	LICENSE TO CARRY THE FIREARM DESCRIBED HEREIN UNCONCEALED					
LICENSE TO CARRY THE FIREARM DESCRIBED HEREIN UNCONCEALED IN AUTHORIZED UNIFORM ONLY DURING THE ACTUAL PERIODS OF SERVICE AS AN ARMED GUARD FOR SAID EMPLOYER						
APPROVED DENIED						
POLICE CHIEF (PRINT NAME)	(SIGNATURE)	DATE				
License No: License Expires:						
LICENSE FEE (\$10.00) RECEIVED BY:						

APPLICANT PHOTO

HPD/ADMIN – 039A (Rev. 08/24/22) RETENTION: 2 YEARS