



# Salisbury Police Department

Thomas W. Fowler, *Chief of Police*

24 Railroad Avenue, Salisbury, Massachusetts 01952 • 978-465-3121 • [www.salisburypolice.com](http://www.salisburypolice.com)

## Firearms License Application Information

***\*\*You May Take this Form Home with You\*\****

- 1) Please read all sections of this application before you complete it. All sections must be completed in full detail before consideration is made for application or renewal. **DO NOT LEAVE ANY PAYMENT AT THIS TIME.**
- 2) New applicants shall provide at least two valid forms of proof of Salisbury residency, such as: driver's license, vehicle registration, tax bill, utility bill, voter registration, etc. All Non-resident owners and/or principle members of a business in Salisbury, must provide the above, and a letter and/or proof of business interest[s].
- 3) Reason for requesting a license must be checked (only one). Ex) Unrestricted, Target & Hunting, Sporting or Employment.
- 4) After you drop off your application to dispatch, you will be contacted for an appointment on a week day evening or on a weekend during the daytime.
- 5) The application fee is only to be paid at the time of license processing (appointment at police station). Payment shall be in the form of either: cash, check, money order, treasurer's check, etc. **NO DEBIT or CREDIT CARDS accepted!!!** All checks and orders for money shall be made payable to: TOWN OF SALISBURY.
- 6) Please leave an EMAIL ADDRESS on the front of the LTC application.
- 7) If your application is not filled out entirely or if you have not provided the proper documentation such as a copy of the basic firearms safety certificate, your application will NOT be processed and you will NOT be contacted. You must return to the station to fill out another application and submit the proper documentation.

Thank You.

Sergeant Steven F. Sforza #174  
[ssforza@salisburypolice.com](mailto:ssforza@salisburypolice.com)

**Applicant Email:** \_\_\_\_\_

**For approved firearm safety courses:**

<https://www.mass.gov/lists/firearms-safety-instructors-certification-basic-firearms-safety-leosa>



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: \_\_\_\_\_  
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 POSSESS A MACHINE GUN (M.G.L. c. 140, §§ 129B, 131)

**CHECK ONE:**

- New Applicant\*
- Renewal - Most Recent License to Carry/FID Number: \_\_\_\_\_

\*NOTE: If application is for a first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached, unless exempt by statute. If this is a renewal application, a lost/stolen firearms 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)

**EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:**

Last Name		First Name		Middle Name		Suffix	
Residential Address			City	State	Zip Code	Telephone Number	
Mailing Address			City	State	Zip Code	Telephone Number	
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 Number	
Employed By				Business Address			
City/Town		State		Zip		Telephone Number	

**ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:**

1. Are you a citizen of the United States?  YES  NO
- If lawful permanent resident alien, give  
green card number and resident date \_\_\_\_\_  
Green Card Number Resident Since (date)
- If naturalized, give date, place  
and naturalization number \_\_\_\_\_  
Date Place Naturalization No.
2. Have you ever renounced your U.S. citizenship?  YES  NO
3. What is your age? \_\_\_\_\_ (You must be 21 to apply for a LTC, 18 to apply for a FID card, or 14 to 17 with  
submission of a certificate of parent or guardian granting permission to apply for a FID card or FID card – Restricted).
4. Have you ever been arrested or appeared in court as a defendant for any criminal offense?  YES  NO
5. Are you the subject of any pending criminal charges?  YES  NO
6. Have you ever been convicted of a felony?  YES  NO
7. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances  
as defined in M.G.L. c. 94C, § 1?  YES  NO
8. Have you ever been convicted of a violent crime or a crime of domestic violence?  YES  NO
9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child  
in any state or federal jurisdiction?  YES  NO
10. Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A,  
or a similar order issued by another jurisdiction?  YES  NO
11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction?  YES  NO
12. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse?  YES  NO
13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked,  
or denied?  YES  NO
14. Have you been discharged from the armed forces of the United States under dishonorable conditions?  YES  NO
15. Have you been the subject of an order of the probate court appointing a guardian or conservator?  YES  NO

**If you answered "YES" to any of the questions 2-15, give details which must include dates, circumstances and location; use a separate sheet of paper if necessary.**

---



---



---



---

Have you ever used or been known by another 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 other state, territory or jurisdiction?  YES  NO

If "YES", when, where, and license number? \_\_\_\_\_

\_\_\_\_\_

List the name and addresses of two references (as required by your licensing authority)

1. \_\_\_\_\_

Last Name	First Name		
_____			
Address	City/Town	State	Zip

2. \_\_\_\_\_

Last Name	First Name		
_____			
Address	City/Town	State	Zip

Reason(s) for requesting the issuance of a card or license:

Unrestricted     Target & Hunting     Sporting     Employment

Use lines below to indicate the reason(s) you are requesting the license; use a separate sheet of paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*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, §§ 129B(8), 131(h)).

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. I understand that filing an application that contains false information is a criminal offense.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ 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 one:*

A.  (No firearm(s) 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.

2. 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.

**OR**

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.

2. I have lost one or more firearms or have reported stolen one or more firearms since the renewal or issuance of my last FID card or LTC.

*List all lost or stolen firearms below; use additional sheets as necessary.*

Lost or Stolen	Date Reported Lost or Stolen	Reported to (Police Dept.)	Type	Make	Model	Serial Number	Case Number

The above information is true and accurate to the best of my knowledge and belief.

**SIGNED UNDER THE PENALTIES OF PERJURY:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_