

**STATE OF MAINE**  
**APPLICATION FOR PERMIT TO**  
**CARRY CONCEALED FIREARMS**

Limestone Police Department

New  Renewal

Check #  \$35.00  \$20.00

License # \_\_\_\_\_

Issued  Denied Date: \_\_\_\_\_

Registration Date (if issued): \_\_\_\_\_

Knowledge of Handgun Safety: \_\_\_\_\_

FULL NAME (first, middle, last)

PREVIOUS LEGAL NAMES if any

ALIASES if any

FULL CURRENT RESIDENCE ADDRESS (street or RFD, not PO Box) CITY OR TOWN STATE ZIP

BIRTH DATE	BIRTHPLACE	CITIZEN	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	SEX	RACE

LIST ALL ADDRESSES AT WHICH YOU HAVE LIVED AT ANY TIME DURING THE PAST FIVE YEARS

LIST ALL PREVIOUS ISSUED PERMITS TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each permit previously issued, please identify the authority (e.g. Massachusetts State Police, Portland PD, Town of Shapleigh, Selectmen) and the date the permit was issued

LIST ALL PREVIOUS REFUSALS TO ISSUE PERMITS TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each refusal or denial of a permit please identify the authority or agency which refused to issue or had denied the permit, and the date of the denial or refusal.

LIST ALL PREVIOUS REVOCATIONS OF A PERMIT TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each revocation, please identify the authority or agency which revoked the permit and the date of revocation.

**CIRCLE APPROPRIATE ANSWER AFTER EACH QUESTION**

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|--|------------|-----------|
| 1. Are you less than 18 years of age?  | <b>Yes</b> | <b>No</b> |
| 2. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a crime that is punishable by one year or more imprisonment or for any other crime alleged to have been committed by you with the use of a dangerous weapon as defined in Title 17-A section 2 subsection 9, or of a firearm against another person?  | <b>Yes</b> | <b>No</b> |
| 3. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that involves conduct, that if committed by an adult, would be punishable by one year or more imprisonment or for any juvenile offense alleged to have been committed by you with the use of a dangerous weapon as defined in Title 17-A section 2 subsection 9, or of a firearm against another person? | <b>Yes</b> | <b>No</b> |
| 4. Have you ever been convicted of a crime described in question number 2 above or adjudicated as having committed a juvenile offense as described in question number 3 above?   | <b>Yes</b> | <b>No</b> |
| 5. Are you a fugitive from justice?  | <b>Yes</b> | <b>No</b> |
| 6. Are you a drug abuser, drug addict, or drug dependent person?   | <b>Yes</b> | <b>No</b> |
| 7. Do you have a mental disorder that cause you to be potentially dangerous to yourself or others?   | <b>Yes</b> | <b>No</b> |
| 8. Have you ever been adjudicated to be an incapacitated person pursuant to Title 18-A, Article V, Parts 3 and 4, and not had that designation removed by an order under Title 18-A, Section 5-307, subsection (b)?  | <b>Yes</b> | <b>No</b> |
| 9. Have you ever been dishonorably discharged from the military forces within the past 5 years?  | <b>Yes</b> | <b>No</b> |
| 10. Are you an illegal alien?  | <b>Yes</b> | <b>No</b> |
| 11. Have you been convicted of a violation of Title 17-A, section 1057 (criminal possession of a firearm in an establishment licensed for on-premises consumption of liquor) within the past five years?   | <b>Yes</b> | <b>No</b> |
| 12. Have you been adjudicated within the past five years as having committed a juvenile offense involving conduct that, if committed by an adult, would be a violation of Title 17-A, section 1057 (criminal possession of a firearm in an establishment licensed for on-premises consumption of liquor)?  | <b>Yes</b> | <b>No</b> |

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|---|------------|-----------|
| 13. To your knowledge, have you been the subject of an investigation by any law enforcement agency within the past 5 years regarding the alleged abuse by you of your family or household members?  | <b>Yes</b> | <b>No</b> |
| 14. Have you been convicted within the past 5 years of 3 or more crimes (including traffic offenses) punishable by imprisonment of less than one year?  | <b>Yes</b> | <b>No</b> |
| 15. Have you been adjudicated within the past 5 years to have committed 3 or more offenses involving conduct that, if committed by an adult, would be punishable by imprisonment of less than one year?   | <b>Yes</b> | <b>No</b> |
| 16. To your knowledge, have you engaged within the past 5 years in reckless or negligent conduct that has been the suspect of an investigation by a governmental agency?  | <b>Yes</b> | <b>No</b> |
| 17. Have you been convicted within the past 5 years of any Title 17-A, Chapter 45 drug crime?   | <b>Yes</b> | <b>No</b> |
| 18. Have you been adjudicated within the past 5 years to have committed a juvenile offense involving conduct that, if committed by an adult, would have been a violation of Title 17- A, Chapter 45?  | <b>Yes</b> | <b>No</b> |
| 19. Have you been adjudged to have committed the civil violation of possession of a usable amount of marijuana, butyl nitrite, or isobutyl nitrite in violation of Title 22, section 2383 within the past 5 years?                                  | <b>Yes</b> | <b>No</b> |
| 20. Have you been adjudicated within the past 5 years as having committed the juvenile offense (defined in Title 15, section 3103, subsection 1, paragraph B) of possession of a usable amount of marijuana, as provided in Title 22, section 2383. | <b>Yes</b> | <b>No</b> |

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**YOU MUST SUBMIT WITH THIS APPLICATION THE PROPER APPLICATION FEE AS REFERRED TO IN THE FOLLOWING APPLICATION FEE SCHEDULE**

<b>ORIGINAL APPLICATION</b>	<b>\$35.00</b>
<b>RENEWAL APPLICATION</b>	<b>\$20.00</b>

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND THE APPLICATION FEE (\$35.00 FOR ORIGINAL APPLICATION OR \$20.00 FOR RENEWAL APPLICATION) MUST ACCOMPANY THIS APPLICATION OR THE APPLICATION WILL BE RETURNED**

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**READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING APPLICATION  
BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT YOU:**

- A. Certify that the statements you have made thereon, and any documents you make a part hereof, true and correct.
- B. Certify that you understand that a "yes" answer to question number 1 or any questions numbered 4 through 12 above is cause for refusal.
- C. Certify you understand that a "yes" answer to one or more of the questions numbered 2, 3, and 23 through 20 above will be used by this authority, along with other information, in judging good moral character under subsection 4 of section 2003 of Title 25.
- D. Certify that you understand that any false statements made in this application or any other documents you make a part thereof may result in criminal prosecution as provided in section 2004 of Title 25.
- E. Certify that you understand, that at the request of this issuing authority , you will take whatever action is required of you by law to allow this issuing authority to obtain from the Maine Department of Metal Health and Mental Retardation (limited to records of patient committals to Augusta Mental Health Institute and Bangor Mental Institute), the courts, law enforcement agencies, the military, the United States Immigration and Naturalization Service, and any prior issuing authority in this State or any other jurisdiction with which you have been involved, information relevant to the following:
- (1) The determination as to whether, the information supplied on the application or any documents made a part of the application is true and correct;
  - (2) The determination as to whether, each of the additional requirements of section 2003 of Title 25 has been met;
  - (3) The determination as to whether, if you are currently a permit holder, such permit must be revoked under section 2005 of Title 35;and,
  - (4) The determination as to whether, if you are otherwise eligible and reapplying following an earlier revocation of a permit, you are eligible to do so under section 2005 of Title 25 or section 1057 of Title 17-A.
- F. Certify that you understand that if fingerprints are required by this issuing authority in order to resolve any question as to your identity, you will submit to being fingerprinted.
- G. Certify that you understand that if a photograph is an integral part of the permit to carry concealed firearms adopted by this issuing authority, you will submit to being photographed for this purpose.
- H. Certify that you understand that you must demonstrate to this issuing authority a knowledge of handgun safety as required by Title 25, section 2003, section 1, paragraph E, subparagraph 5 unless you demonstrate you are exempted under that same paragraph.
- I. Certify that you have received a copy of the pamphlet entitled "LAWS RELATING TO PERMITS TO CARRY CONCEALED FIREARMS" (1992 edition or November 1991 edition with 1992 amendments), issued by the Bureau of the Maine State Police.

**Under penalties of perjury, I believe that the statements in this written application and any documents made part thereof are, to the best of my knowledge and belief, true, correct, and complete.**

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**Your Signature as Applicant**

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**Date Signed**

**AUTHORITY TO RELEASE INFORMATION FROM  
AUGUSTA MENTAL HEALTH INSTITUTE AND BANGOR  
MENTAL INSTITUTE TO THE ISSUING AUTHORITY FOR  
THE PURPOSE OF EVALUATING INFORMATION  
SUPPLIED ON MY APPLICATION FOR A CONCEALED  
WEAPONS PERMIT UNDER 25 M.S.R.A. CHAPTER 252.**

TO: AUGUSTA MENTAL HEALTH INSTITUTE (AMHI)  
Box 724, Augusta, Maine 04330  
and  
BANGOR MENTAL HEALTH INSTITUTE (BMHI)  
Box 926, Bangor, Maine 04401

I hereby authorize and direct release to the issuing authority named below or its representative bearing this release, or a copy thereof, within 4 months after the date appearing below to obtain information, if contained within your records pertaining to patient committals, relating to either mental disorder which causes me to be potentially dangerous to myself or to other human beings or an incapacity which causes me to be an "incapacitated person" as that phrase is defined in 18-A M.S.R.A. subsection 5-101 (1).

I recognize that pursuant to 34-B M.S.R.A. subsection 1207 (1) (A) I have the right to review any information before you disseminate it to the issuing authority or its representative.

**(CHECK THE APPROPRIATE BOX BELOW)**

I **wish** to review this material at AMHI/BMHI prior to its release.

I **do not wish** to review this material at AMHI/BMHI prior to its release.

Date: \_\_\_\_\_ Full Name of Applicant: \_\_\_\_\_  
(typed or written)

Full Name of Applicant: \_\_\_\_\_  
(signature)

Mailing Address of Applicant: \_\_\_\_\_

Telephone of Applicant: \_\_\_\_\_

\_\_\_\_\_  
NAME OF ISSUING AUTHORITY

\_\_\_\_\_  
NAME OF REPRESENTATIVE OF  
ISSUING AUTHORITY, IF ANY

**NOTE THAT ALL INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS  
CONFIDENTIAL BY VIRTUE OF 25 M.S.R.A. SUBSECTION 2006 AND MAY NOT BE  
MADE AVAILABLE FOR PUBLIC INSPECTION OR COPYING BY THE ISSUING  
AUTHORITY UNLESS CONFIDENTIALITY IS WAIVED BY THE APPLICANT BY  
WRITTEN NOTICE TO THE ISSUING AUTHORITY.**