



# Lexington Police Department

1575 Massachusetts Avenue  
Lexington, MA 02420  
(781) 862-1212

## APPLICATION FOR NEW OR RENEWAL

License to Carry Firearms (LTC)/Firearm Identification Card (FID)/License to Possess a Machine Gun

Please complete and give to the Lexington Police Department; **DO NOT MAIL** to Firearms Record Bureau

### POLICE DEPARTMENT USE ONLY

**FTN- New or Original**

F(\_\_\_\_) \_\_\_\_\_  
City / Town 9 Digit License Number

**New LTC or FID number**

F(\_\_\_\_) \_\_\_\_\_  
City / Town 9 Digit License Number

**Fee amount:** ( ) \$100 ( ) +70 No Fee ( ) \$25 FID under 18 /restricted ( ) FID restricted renewal No Fee  
**Check number#**

#### Please Check One:

- New Applicant
- Renewal ----Most recent License to Carry (LTC) or FID card number \_\_\_\_\_  
Issued from which City // Town \_\_\_\_\_, MA with expiration date \_\_\_\_\_

*\*If application is for a first firearms identification card or license to carry firearms, a copy of 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.*

#### Check the type of license you are applying for:

- Firearms Identification Card Restricted (Mace/Pepper Spray)
- Firearms Identification Card
- Class A License to Carry Firearms – Large Capacity
- License to possess a machine gun (Issued only to certified instructor or bona fide collector)
- Class A Club License **NOTE:** Only the Colonel of the Mass. State Police can issue a club license.

#### (PRINT OR TYPE ALL REQUESTED INFORMATION – SIGNATURE REQUIRED ON FORM)

Town of: LEXINGTON, MA

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Residential Address (include number, street, city//town, zip code) Telephone Number (Home)

\_\_\_\_\_  
If a Club License Address of Club (include number, street, city//town, zip code) Telephone Number (Cell Phone)

\_\_\_\_\_  
Date of Birth Place of Birth Mother's Maiden Name Father's Name

\_\_\_\_\_  
Height in Weight Build Complexion Hair Color Eye Color

\_\_\_\_\_  
Occupation S.S. Number Driver's License Number

\_\_\_\_\_  
Employed By Business Address Telephone Number

**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 \$1000 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. Chapter 140, section 131).**

**Answer the Following Fifteen Questions Accurately**

1. Are you a citizen of the United States?  YES  NO

If naturalized: give the date, place and naturalization number: \_\_\_\_\_

If Resident Alien: give the date & Port of Entry and Alien Registration: \_\_\_\_\_

If none, state type of lawful authorization and provide description of documents, and identifying number on documents, which allowed lawful entry into the United States. Include a photocopy of these documents:

2. Have you ever used or been known by another name?  YES  NO

If yes, give name and reason: \_\_\_\_\_

3. What is your age? \_\_\_\_\_; (You must be **21** to apply for a LTC, You must be **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 an FID.)

4. Have you ever been convicted of a felony?  YES  NO

5. Have you ever been convicted of the unlawful use, possession, or sale of narcotic or harmful drugs as defined by M.G.L. Chapter 94C, section 1?  YES  NO

6. Have you ever been convicted of a crime punishable by more than one year?  YES  NO

7. In any state or federal jurisdiction, have you ever been convicted as an adult or adjudicated as a youthful offender or delinquent child for the commission of (a) a felony, (b) a misdemeanor punishable by imprisonment for more than 2 years, (c) a violent crime as defined by M.G.L. chapter 140, section 121, (d) violation of any law regulating the use, possession, ownership, sale, transfer, rental, receipt or transportation of weapons or ammunition for which a term of imprisonment may be imposed or (e) violation of any law regulating the use, possession, or sale of controlled substances as defined in M.G.L. chapter 94C, section 1?  YES  NO

8. Have you ever been confined to any hospital or institution for mental illness?  YES  NO

9. Are you or have you ever been treated for or confined for drug addiction, or habitual drunkenness?  YES  NO

10. Have you ever appeared in any court as a defendant in a criminal case?  YES  NO

11. Are you now under any charge(s) for any offense(s) against the law?  YES  NO

12. Are you now or have you ever been the subject of a M.G.L. 209A restraining order or involved in a domestic violence charge?  YES  NO

13. Has any license to carry firearms, permit to possess firearms, or firearms identification card issued under the laws or any state or territory ever been suspended, revoked or denied?  YES  NO

14. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction?  YES  NO

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Please rewrite your name above in the event that this page is separated from the first page of the application.**

If you answered "YES" to any of the questions four through fourteen, give details which must include dates, circumstances and location (**use a separate page if necessary**):

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Have you resided somewhere other than Massachusetts, if so where & when? \_\_\_\_\_

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Have you ever held a license to carry in this or any other state?  NO  YES \_\_\_\_\_

**Where - license number**

Have you ever been issued a Firearms Identification Card?  NO  YES

If yes, what agency issued FID and give number: \_\_\_\_\_

List the names and addresses of two references:

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

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

What is the reason(s) you are requesting a License to Carry Firearms: \_\_\_\_\_

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**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 check one:*

**A.** \_\_\_\_\_ *(No firearm(s) lost or stolen since issuance of LTC or FID)*

1. I am renewing a Massachusetts firearms identification (FID) cards 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) cards 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 is true and accurate to the best of my knowledge and belief.

*SIGNED UNDER THE PENALTIES OF PERJURY:*

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

**Complete Your Application With**

- 1) A non-refundable \$100 fee (fee made effective July 8, 2003) is required with all applications. A non-refundable \$25.00 fee for FID applicants under the age of 18 or restricted FID applicants is required. (Applicants who are over the age of 70 and are **renewing** an FID or LTC or Applicants **renewing** a restricted FID are not required to pay a fee). Make checks payable to "Town of Lexington."
- 2) If the license is required for Employment Purposes, a letter from the employer on company letterhead requesting issuance of the license with appropriate reasons must accompany this application
- 3) **NEW APPLICANTS** for an FID or License to Carry must attend training. A copy of the **Firearm Safety Certificate or Hunter Safety Course Certificate** must be attached to this application. No additional training is required for renewal applications or new FID-Restricted applications.
- 4) **NEW APPLICANTS** for a license to carry are required by Lexington to submit two letters of recommendation identifying applicant as a suitable person to carry firearms.

**Change of Address Notification Requirement:** If you receive a license to carry or an FID, Massachusetts law requires you to notify proper authorities if you move. You must notify, in writing, the Chief of Police in Lexington, the Chief of Police in the community you are moving to, and the Executive Director of the Criminal History Systems Board. Such notification **shall** be made by certified mail within 30-days of your changing address. Failure to notify shall be cause for revocation or suspension of the license to carry (M.G.L. chapter 140, section 131) or FID (M.G.L. chapter 140, section 129B).

**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 AND MAY BE USED IN A CRIMINAL PROCEEDING PURSUANT TO M.G.L. CHAPTER 140, SECTION 129 AND 131.**

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

Signature of Applicant: \_\_\_\_\_

<b>For Official Use Only --- Do Not Write in this Area</b>	Authorized by: _____
Approved <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> FID <input type="checkbox"/> FID-restricted <input type="checkbox"/> Machine Gun	
Restriction: _____ <input type="checkbox"/> \$100 Paid <input type="checkbox"/> +70 No Fee <input type="checkbox"/> \$25 Class D restricted/under 18	
<input type="checkbox"/> Training Certificate <input type="checkbox"/> Work Letter <input type="checkbox"/> Letters of Recommendation <input type="checkbox"/> Parental Letter	
Comments:	