



COUNTY OF COLUMBIA

APPLICATION FOR A PENNSYLVANIA LICENSE TO CARRY FIREARMS

| | | | |
|----------------------------------|---------------------------------------|----------------------------------|-----------------------------------|
| DEPUTY# <input type="checkbox"/> | PAID \$20.00 <input type="checkbox"/> | PICTURE <input type="checkbox"/> | APPROVAL <input type="checkbox"/> |
| ENTERED <input type="checkbox"/> | REF. DONE <input type="checkbox"/> | SIGNED <input type="checkbox"/> | PERMIT # <input type="checkbox"/> |

APPLICANT INFORMATION – TYPE/PRINT IN BLUE OR BLACK INK

| | | | | | | | | | | | |
|----------------------------|--------------------|--------------------------------------|--|---------------|----------|------------------------|------------|--------------------------------|------------------------|---------------|--|
| 1. LAST NAME | | 2. JR., ETC. | | 3. FIRST NAME | | 4. MIDDLE NAME | | 5. PHOTO ID/DRIVER LICENSE NO. | | 6. STATE | |
| 7a. DATE OF BIRTH | 7b. PLACE OF BIRTH | 8. SOCIAL SECURITY NUMBER (Optional) | | 9. AGE | 10. SEX | 11. RACE | 12. HEIGHT | 13. WEIGHT | 14. HAIR COLOR | 15. EYE COLOR | |
| 16. STREET ADDRESS | | | | | 17. CITY | | 18. STATE | 19. ZIP CODE | 20. HOME TELEPHONE NO. | | |
| 21. EMPLOYER/BUSINESS NAME | | | | | | 22. WORK TELEPHONE NO. | | | 23. OCCUPATION | | |
| 24. ADDRESS | | | | | 25. CITY | | 26. STATE | 27. ZIP CODE | | | |

28. REASON FOR A LICENSE TO CARRY FIREARMS:

SELF-DEFENSE
 EMPLOYMENT
 HUNTING/FISHING
 TARGET SHOOTING
 GUN COLLECTING
 OTHER _____

29. TWO REFERENCES – NOT FAMILY MEMBERS

| |
|------|
| NAME |
| |
| NAME |
| |

REFERENCES need to call our office at 389-5622

Renewals **DO NOT NEED** References.

APPLICANTS ARE DETERMINED TO BE ELIGIBLE FOR A LICENSE TO CARRY FIREARMS BASED UPON CRITERIA SET FORTH WITHIN THE PENNSYLVANIA UNIFORM FIREARMS ACT (18 PA.C.S. CHAPTER 61) § 6105, DEALING WITH INDIVIDUALS NOT TO POSSESS FIREARMS AND § 6109, DEALING WITH THE ISSUANCE OF A LICENSE TO CARRY FIREARMS.

30. DO YOU MEET ANY OF THE FOLLOWING PROHIBITING CRITERIA UNDER 18 PA.C.S. § 6109(e)(1)? CHECK YES OR NO IN THE BOX BY EACH QUESTION:

| | |
|--|--|
| A. IS YOUR CHARACTER AND REPUTATION SUCH THAT YOU WOULD BE LIKELY TO ACT IN A MANNER DANGEROUS TO PUBLIC SAFETY? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE UNDER THE ACT OF APRIL 14, 1972 (P.L. 233, NO. 64) KNOWN AS THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT (CSDOCA)? (AS PROVIDED IN 18 PA.C.S. § 6109(e)(1)(II), ANY PENNSYLVANIA DRUG CONVICTION UNDER THE CSDOCA IS PROHIBITING FOR A LICENSE TO CARRY.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. HAVE YOU EVER BEEN CONVICTED OF A CRIME ENUMERATED IN § 6105(b), OR DO ANY OF THE CONDITIONS UNDER § 6105(c) APPLY TO YOU? (READ INFORMATION ON BACK PRIOR TO ANSWERING) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D. HAVE YOU EVER BEEN ADJUDICATED DELINQUENT FOR A CRIME ENUMERATED IN § 6105 OR FOR AN OFFENSE UNDER THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E. HAVE YOU EVER BEEN INVOLUNTARILY COMMITTED TO A HOSPITAL/HEALTH CARE FACILITY FOR A MENTAL HEALTH CONDITION OR OTHER TREATMENT, OR ADJUDICATED INCOMPETENT/INCAPACITATED? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| F. ARE YOU AN INDIVIDUAL WHO IS A HABITUAL DRUNKARD, OR WHO IS ADDICTED TO OR AN UNLAWFUL USER OF MARIJUANA OR A STIMULANT, DEPRESSANT, OR NARCOTIC DRUG? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| G. ARE YOU NOW CHARGED WITH, OR HAVE YOU EVER BEEN CONVICTED OF A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR? THIS IS THE MAXIMUM SENTENCE YOU COULD HAVE RECEIVED, NOT THE ACTUAL SENTENCE YOU DID RECEIVE. (IT DOES NOT INCLUDE FEDERAL OR STATE OFFENSES PERTAINING TO ANTITRUST, UNFAIR TRADE PRACTICES, RESTRAINTS OF TRADE, OR REGULATION OF BUSINESS; OR STATE OFFENSES CLASSIFIED AS MISDEMEANORS AND PUNISHABLE BY A TERM OF IMPRISONMENT NOT EXCEEDING TWO YEARS.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| H. HAVE YOU EVER RECEIVED A DISHONORABLE DISCHARGE FROM THE UNITED STATES ARMED FORCES? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I. ARE YOU A FUGITIVE FROM JUSTICE? THIS DOES NOT APPLY TO MOVING OR NONMOVING SUMMARY OFFENSES UNDER TITLE 75 (RELATING TO MOTOR VEHICLES). | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| J. ARE YOU PROHIBITED FROM POSSESSING OR ACQUIRING A FIREARM UNDER THE STATUTES OF THE UNITED STATES? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

31. ARE YOU A UNITED STATES CITIZEN? IF NO, COUNTRY OF BIRTH _____

COUNTRY OF CITIZENSHIP _____ ALIEN REGISTRATION # OR I-94# _____

YES NO

32. IF YOU ARE A RESIDENT OF ANOTHER STATE, DO YOU POSSESS A CURRENT LICENSE, PERMIT, OR SIMILAR DOCUMENT TO CARRY A FIREARM ISSUED BY THAT STATE? IF YES, ATTACH A PHOTOCOPY OF THE DOCUMENT TO THIS FORM.

YES NO

33. I have never been convicted of a crime that prohibits me from possessing or acquiring a firearm under Federal or State law. I am of sound mind and have never been committed to a mental institution or mental health care facility. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties prescribed by law. I authorize the sheriff, or his designee, or, in the case of first class cities, the chief or head of the police department, or his designee, to inspect only those records or documents relevant to information required for this application. *If I am issued a license and knowingly become ineligible to legally possess or acquire firearms, I will promptly notify the sheriff of the county in which I reside or, if I reside in a city of the first class, the chief of police of that city.* This certification is made subject to both the penalties of § 4904 of the Crimes Code, 18 Pa.C.S., relating to unsworn falsifications to authorities and the Uniform Firearms Act.

SIGNATURE - APPLICANT

DATE OF APPLICATION