



**STATE OF NEW HAMPSHIRE  
APPLICATION FOR  
RESIDENT PISTOL / REVOLVER LICENSE**

\*RENEWAL APPLICANTS PLEASE COMPLETE:

NH Pistol / Revolver lic. no.: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

Name _____		Date of Application _____
Street _____		Driver's License No. _____
City/Town _____		Social Security No. _____ <small>(optional)</small>
State _____	Zip _____	
Legal Address (if different from above) _____		
Date of Birth _____		<input type="checkbox"/> Original
Place of Birth _____		<input type="checkbox"/> Renewal
Height _____	Hair _____	Sex _____
Weight _____	Eyes _____	Race _____
		<input type="checkbox"/> Record Check
		<input type="checkbox"/> Fee Received
Occupation _____	Present Employer _____	
Employer's Address _____		
Previous Employer _____		
Address _____		

**If you answer Yes to any of the following questions, you must provide complete details on the reverse side of this form.**

Have you ever had a pistol permit denied in this or any other state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony, in this or any other state, which has not been annulled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been a user of drugs or narcotics, except under the direction of a physician?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been treated for mental illness, an emotional disorder, or confined to a mental institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted in any court of a misdemeanor of domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For what reason(s) do you make application to carry a pistol in New Hampshire? \_\_\_\_\_

Name and Mailing Address of three (3) references:

(1) _____ (NAME)	(2) _____ (NAME)	(3) _____ (NAME)
_____	_____	_____
(ADDRESS)	(ADDRESS)	(ADDRESS)
_____	_____	_____

**SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION**

**YOU MUST SIGN THIS APPLICATION:** Read the following carefully before you sign. A false statement on any part of this application will be just cause for refusal of any application of any license issued under the provisions of RSA 159 and is punishable under RSA 641:3.

- I understand that any information I give may be investigated as allowed by law.
- I consent to the release of information about my ability and fitness to carry a pistol/revolver by employers, schools, medical/psychiatric services, law enforcement agencies, and other individuals and organizations, to my local police chief, his designee, and/or authorized employees of the State of New Hampshire.
- I certify that, to the best of my knowledge and belief, *all* of my statements are true, correct, complete and made in good faith.

<b>X</b>	SIGNATURE OF APPLICANT	Approved _____
		Date _____