HAWAII POLICE DEPARTMENT
APPLICATION FOR LICENSE TO CARRY FIREARMS

Please complete this application completely and accurately. Your answers will be checked and verified for truthfulness. Falsifying answers on this application will be grounds for denial. In addition, HRS §134-17; Penalties, shall be applied... (a) If any person gives false information or offers false evidence of the person's identity in complying with any of the requirements of this part, that person shall be guilty of a misdemeanor, provided, however that if any person intentionally gives false information or offers false evidence concerning their psychiatric or criminal history in complying with any of the requirements of this part, that person shall be guilty of a Class "C" felony. If you do not understand any of the below listed questions, please ask for clarification or assistance before answering.

1. APPLICANT _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME)

   OTHER NAMES KNOWN BY: _____

2. DATE OF BIRTH: _____ 3. AGE: _____ 4. SEX: _____

5. PLACE OF BIRTH: _____ (CITY) _____ (STATE/COUNTRY) SSN: _____ (SOCIAL SECURITY NUMBER)

6. HEIGHT: _____ (FEET & INCHES) WEIGHT: _____ (POUNDS) EYES: _____ (COLOR) HAIR: _____ (COLOR)

   RACE: _____

7. SCARS/MARKS/TATTOOS: _____ (DESCRIPTION AND LOCATION)

8. ADDRESS: _____ (NUMBER – STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

9. PHONE NUMBER(S): Home: _____ Work: _____ Other: _____

10. ARE YOU A U.S. CITIZEN: YES: ☐ NO: ☐ (CONTINUE BELOW)

    IF YES, CHECK ONE BY BIRTH: ☐ BY NATURALIZATION: ☐ (IF BY NATURALIZATION, COMPLETE BELOW)

    IF NATURALIZED, DATE OF NATURALIZATION: _____ CITIZENSHIP CERTIFICATE NUMBER: _____

    IF NO, ARE YOU A: (CHECK ONE)

    LAWFUL PERMANENT RESIDENT: ☐ USCIS Number: _____

    OFFICIAL REPRESENTATIVE OF A FOREIGN NATION: ☐ (PROVIDE COPY OF CREDENTIALS)

    COFA MIGRANT: ☐ ADMISSION I-94 RECORD #_____ (11 CHARACTERS) (ATTACH COPY OF MOST RECENT I-94)

11. OCCUPATION: _____

12. PRESENT EMPLOYER: _____ (COMPANY NAME) EMPLOYER'S PHONE: _____

13. Employer's Address: _____ (NUMBER – STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

14. JOB TITLE/POSITION: _____

15. PREVIOUS MILITARY SERVICE: YES: ☐ NO: ☐ BRANCH: _____

16. TYPE OF DISCHARGE: HONORABLE: ☐ OTHER: ☐ (Specify) _____

17. IN THE LAST TEN YEARS, HAVE YOU EVER BEEN INVOLVED IN ANY ACTS OF DOMESTIC VIOLENCE? YES: ☐ NO: ☐

18. IF YES, LIST ALL INCIDENTS (INCLUDE DATES, LOCATIONS, AND CIRCUMSTANCES)

_____

_____

19. IN THE LAST TEN YEARS, HAVE YOU EVER BEEN ARRESTED? YES: ☐ NO: ☐

IF YES, LIST ANY AND ALL PRIOR ARRESTS (INCLUDE DATES AND LOCATIONS)

20. IN THE LAST TEN YEARS, HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OR TRAFFIC OFFENSES? (INCLUDE ALL TRAFFIC INFRACTIONS, I.E., SPEEDING, DELINQUENT TAX, ETC.) YES: ☐ NO: ☐

IF YES, LIST ANY AND ALL CONVICTIONS (INCLUDE DATES AND LOCATIONS)

21. ARE YOU A FUGITIVE FROM JUSTICE? YES: ☐ NO: ☐

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

22. ARE YOU UNDER INDICTMENT FOR, OR HAVE YOU WAIVED INDICTMENT FOR HAVING COMMITTED A FELONY, OR ANY CRIME OF VIOLENCE OR AN ILLEGAL SALE OF ANY DRUG IN THIS STATE OR ELSEWHERE?

YES: ☐ NO: ☐

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

23. IN THE LAST TEN YEARS, HAVE YOU EVER BEEN SERVED AN ORDER FOR PROTECTION OR A TEMPORARY RESTRAINING ORDER (TRO)?

YES: ☐ NO: ☐

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

24. IN THE LAST TEN YEARS, HAVE YOU EVER BEEN RESTRAINED PURSUANT TO AN ORDER OF ANY COURT, INCLUDING AN EX PARTE ORDER, FROM CONTACTING, THREATENING, OR PHYSICALLY ABUSING ANY PERSON?

YES: ☐ NO: ☐

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

25. IN THE LAST FIVE YEARS, HAVE YOU EVER BEEN UNDER TREATMENT OR COUNSELING FOR ADDICTION TO OR ABUSE OF, OR DEPENDENCE UPON ANY DANGEROUS, HARMFUL, OR DETRIMENTAL DRUG, INTOXICATING COMPOUND (DEFINED IN SEC 712-1240 HRS) OR INTOXICATING LIQUOR?

YES: ☐ NO: ☐

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

26. IN THE LAST FIVE YEARS, HAVE YOU EVER BEEN UNDER TREATMENT FOR OR HAVE YOU EVER BEEN DIAGNOSED AS HAVING BEHAVIORAL, EMOTIONAL, OR MENTAL DISORDERS?

YES: ☐ NO: ☐

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

27. IN THE LAST FIVE YEARS, HAVE YOU EVER BEEN ACQUITTED OF A CRIME ON THE GROUNDS OF MENTAL DISEASE, DISORDER, OR DEFECT (DEFINED IN SECTION 704-411)?

YES: ☐ NO: ☐

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

28. IF YOU ARE UNDER THE AGE OF TWENTY-FIVE, PLEASE ANSWER THE FOLLOWING:
IN THE LAST TEN YEARS, HAVE YOU EVER BEEN ADJUDICATED BY THE FAMILY COURT TO HAVE COMMITTED A FELONY, ANY CRIMES OF VIOLENCE, OR AN ILLEGAL SALE OF ANY DRUG?

YES: ☐ NO: ☐

IF YES, EXPLAIN CIRCUMSTANCES (INCLUDE DATES AND LOCATIONS)

29. PURPOSE FOR CARRYING FIREARM:

30. LIST ALL FIREARMS FOR WHICH A LICENSE IS SOUGHT: ($150.00 APPLICATION FEE PLUS $10.00 LICENSE CARD FEE PER FIREARM) ***Please be aware that firearm information MUST MATCH State of Hawai'i firearm registration information or application will be rejected. Do not abbreviate, for example, spell out Sig Sauer and not "Sig".***

MANUFACTURER: ______________________ MODEL: ____________
TYPE: ____________ CALIBER: ________ FACTORY NUMBER: ____________
REGISTERED TO: ______________________
ADDRESS: ______________________
REGISTRATION NUMBER: ____________
WHERE REGISTERED: ______________________
CITY STATE POLICE DEPARTMENT

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*attach supplemental form at end of application for additional firearms pages, if necessary

31. **APPLICANT DECLARATION**:

I UNDERSTAND THAT A LICENSE TO CARRY A FIREARM (CONCEALED OR UNCONCEALED) DOES NOT CONVEY UPON ME ANY POLICE OR LAW ENFORCEMENT POWERS. FURTHERMORE, I UNDERSTAND THAT I MUST COMPLY WITH THE LAWS OF THE STATE OF HAWAI'I REGARDING THE USE OF FORCE (REFERENCE CHAPTER 703, HAWAI`I REVISED STATUTES).

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY MISSTATEMENTS OF MATERIAL FACTS HEREIN MAY CONSTITUTE GROUNDS FOR THE DENIAL OR REVOCATION OF THIS PERMIT AND/OR LICENSE ISSUED ON THE STRENGTH OF SUCH FACTS.

SIGNATURE OF APPLICANT _____ DATE _____

POLICE DEPARTMENT USE

Received By (Printed Name/Signature)	**Date**	**Time**

RECORDS SECTION

APPLICATION/DOCUMENTS EXAMINED BY: ACCEPT: ☐ REJECT: ☐

PRINT NAME _____ SIGNATURE _____ DATE _____

SPECIAL CONDITIONS GOVERNING LICENSE

☐ LICENSE TO CARRY THE FIREARM DESCRIBED HEREIN CONCEALED

☐ LICENSE TO CARRY THE FIREARM DESCRIBED HEREIN UNCONCEALED

☐ LICENSE TO CARRY THE FIREARM DESCRIBED HEREIN UNCONCEALED IN AUTHORIZED UNIFORM ONLY DURING THE ACTUAL PERIODS OF SERVICE AS AN ARMED GUARD FOR SAID EMPLOYER

☐ APPROVED ☐ DENIED

POLICE CHIEF (PRINT NAME) _____ (SIGNATURE) _____ DATE _____

License No(s): _____ License(s) Expires: _____

APPLICATION FEE ($150.00) $ _____

RENEWAL APPLICATION FEE ($50.00) $ _____

LICENSE CARD FEE ($10.00 X ___ CARDS): $ _____

TOTAL FEES COLLECTED: $ _____ DATE COLLECTED: _____

APPLICANT PHOTO

SUPPLEMENTAL PAGE(S) FOR ADDITIONAL FIREARMS

30. LIST ALL FIREARMS FOR WHICH A LICENSE IS SOUGHT: ($150.00 APPLICATION FEE PLUS $10.00 LICENSE CARD FEE PER FIREARM) ***Please be aware that firearm information MUST MATCH State of Hawai'i firearm registration information or application will be rejected. Do not abbreviate, for example, spell out Sig Sauer and not "Sig".***

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