State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
RESIDENT PISTOL/REVOLVER LICENSE

RENEWAL APPLICANTS PLEASE COMPLETE: NH Pistol/Revolver License #: _____ Expires _____

An incomplete application will be returned.

FILE #:

Name _____ Date of Application _____

Mailing Address:

Street _____ Driver's License No. _____

City/Town _____ Social Security No. _____ (optional)

State _____ Zip _____ Telephone No. _____ (optional)

Legal Address (If different from above): _____

Date of Birth _____ Place of Birth _____ Original ☐ Renewal ☐

Height _____ Hair _____ Sex _____

Weight _____ Eyes _____ Race _____

Occupation: _____

Present Employer: _____

Employer's Address: _____

If you answer "Yes" to any of the following questions, you must provide complete details with this application.

Have you ever had a license to carry denied in this or any other state?	Yes	☐	No	☐
Have you ever been convicted of a felony, in this or any other state, which has not been annulled?	Yes	☐	No	☐
Are you an unlawful user of or addicted to any controlled substance?	Yes	☐	No	☐
Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental institution?	Yes	☐	No	☐
Have you ever been convicted in any court of a misdemeanor crime of domestic violence?	Yes	☐	No	☐

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

_____

Name and **Complete** Mailing Address of three (3) references:

1. _____ (NAME)
   _____ (ADDRESS)
   _____

2. _____ (NAME)
   _____ (ADDRESS)
   _____

3. _____ (NAME)
   _____ (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 RSA159 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 or her 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.

SIGNATURE OF APPLICANT: _____ **Date:** _____

OFFICIAL USE ONLY: ☐ **Approved** ☐ **Denied** **APPROVING OFFICIAL:**

DSSP85 (Rev 03/17)

DATE: