

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



DATE:

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

	News	An inco	mplete appli	cation will	be returned.	Data	. P C			
	Name Mailing Address:					Date of Ap	plication			
	Ctroot					Driver's Lic	cense No.			
						Social Sec	urity No.			
								(optional)		
	State							(optional)		
	Legal Address (If different from above):									
E #:	Date of Birth		Place of	Place of Birth			Original Renewa			wal
	Height	Hair	Sex							
FILE	Weight	Eyes	Race							
Oc	cupation:									
Pre	esent Employer:									
En	nployer's Address:									
If v	ou answer "Yes" to	any of the fo	llowing guestio	ns vou must	nrovide complete	e details with	n this annli	cation		
Have you ever had a license to carry denied in this or any other state?  Have you ever been convicted of a felony, in this or any other state, which has not been annulled?  Are you an unlawful user of or addicted to any controlled substance?  Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental institution?  Have you ever been convicted in any court of a misdemeanor crime of domestic violence?  Yes  No  Yes  No  Yes  No  Yes  No										
Fo	r what reason(s) d	o you make	application to	o carry a pis	tol in New Ham	pshire?				
Na	me and Complete	Mailing Addr	•	) references:		-				
1.	(NAME)		Z. <u> </u>	2		3	•	(NAME)		
	(ADDRESS)			(ADDRESS)			(ADDRESS)			
	<ul> <li>I consent to the services, law er authorized empl</li> </ul>	PLICATION: Re any license iss t any informat release of info nforcement ag oyees of the S	ead the following coued under the provion I give may be the provious about mation about mation, and other state of New Har	arefully before y visions of RSA1! e investigated ny ability and f er individuals npshire.		ement on any punder RSA 64°. stol/revolver be to my local	part of this ap 1:3. by employer I police chic	rs, schools, r ef, his or he	medical/ ps er designee	sychiatric
SIGNATURE OF APPLICANT: Date:										
OF	FICIAL USE ONLY	′: App	roved	Denied	APPRO	VING OFFI	CIAL:			
DS	SP85 (Rev 03/17)					-	ATE.			