



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4600 | TTY: 617-660-4606 | mass.gov/cjis

PD USE ONLY	
FTN:	_____
LIC #:	_____

**Submit this form and direct any questions to  
your local police department**

**MASSACHUSETTS FIREARMS DEALER/LICENSE TO SELL  
AMMUNITION/GUNSMITH LICENSE APPLICATION**  
FOR NEW/RENEWAL OF A LICENSE TO SELL, RENT, OR LEASE FIREARMS, LICENSE TO PERFORM  
SERVICES AS A GUNSMITH, OR LICENSE TO SELL AMMUNITION (M.G.L. c. 140, § 122, 122B)

**CHECK ONE:**

- New Applicant
- Renewal - Most Recent Dealer or Gunsmith License Number: \_\_\_\_\_

**LICENSE APPLICATION TYPE** (Check Only One):

- License to Sell, Rent, or Lease Firearms, Rifles, Shotguns, or Machine Guns
- License to Perform Services as a Gunsmith
- License to Sell Ammunition

**EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:**

Last Name	First Name	Middle Name	Suffix
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Residential Address	City	State	Zip Code	Telephone Number
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Mailing Address	City	State	Zip Code	Telephone Number
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Date of Birth	Place of Birth (City, State, Country)
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Mother's First Name	Mother's Maiden Name	Father's First Name	Father's Last Name
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Height	Weight	Build	Complexion	Hair Color	Eye Color
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Occupation	Social Security Number (Optional)	Drivers License Number
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Employed By	Business Address
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City/Town	State	Zip	Telephone Number
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**ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:**

1. Are you a citizen of the United States?  YES  NO

If lawful permanent resident alien, give green card number and resident date

\_\_\_\_\_ Green Card Number

\_\_\_\_\_ Resident Since (date)

If naturalized, give date, place and naturalization number

\_\_\_\_\_ Date

\_\_\_\_\_ Place

\_\_\_\_\_ Naturalization No.

2. Have you ever renounced your U.S. citizenship?  YES  NO

3. What is your age? \_\_\_\_\_ (You must be 21 to apply for this license)

4. Have you ever been arrested or appeared in court as a defendant for any criminal offense?  YES  NO

5. Are you the subject of any pending criminal charges?  YES  NO

6. Have you ever been convicted of a felony?  YES  NO

7. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances as defined in M.G.L. c. 94C, § 1?  YES  NO

8. Have you ever been convicted of a violent crime or a crime of domestic violence?  YES  NO

9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction?  YES  NO

10. Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A, or a similar order issued by another jurisdiction?  YES  NO

11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction?  YES  NO

12. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse?  YES  NO

13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked, or denied?  YES  NO

14. Have you been discharged from the armed forces of the United States under dishonorable conditions?  YES  NO

15. Have you been the subject of an order of the probate court appointing a guardian or conservator?  YES  NO

**If you answered "YES" to any of the questions 2-15, give details which must include dates, circumstances and location; use a separate sheet of paper if necessary.**

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Have you ever used or been known by another name?

YES  NO

If "YES", provide name and explain: \_\_\_\_\_

Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived?

NONE

\_\_\_\_\_

Have you ever held a firearms license in any other state, territory or jurisdiction?

YES  NO

If "YES", when, where, and license number? \_\_\_\_\_

\_\_\_\_\_

**List the name and addresses of two references (as required by your licensing authority)**

1.

_____		_____	
Last Name	First Name		
_____		_____	_____
Address	City/Town	State	Zip

2.

_____		_____	
Last Name	First Name		
_____		_____	_____
Address	City/Town	State	Zip

**Reason(s) for requesting the issuance the license:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*WARNING\*** Any person who knowingly files an application containing false information shall be punished by a fine of not less than \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correction, or by both such fine and imprisonment (M.G.L c.140, §§ 129B(8), 131(h)).

I declare the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my license to carry firearms. I understand that filing an application that contains false information is a criminal offense.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

Signature of Applicant: \_\_\_\_\_