



**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. \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_ (optional)

Legal Address (if different from above) \_\_\_\_\_

FILE # :

Date of Birth \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Hair \_\_\_\_\_ Sex \_\_\_\_\_  
 Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Race \_\_\_\_\_

Occupation \_\_\_\_\_ Present Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 Previous Employer \_\_\_\_\_  
 Address \_\_\_\_\_

Original  
 Renewal  
 Record Check  
 Fee Received

**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  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 of domestic violence? Yes  No

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 _____