



**STATE OF MAINE**  
**Department of Public Safety**  
**Maine State Police**  
 164 State House Station, Augusta, Maine 04333-0164  
 (207) 624-7210  
**Application for a Permit to Carry a Non-Concealed Firearm by a Prohibited Person**  
 (Title 15, Section 393)  
 Application Fee: \$25.00 (Certified check payable to Treasurer, State of Maine.)

Print/Or Type Legibly

**APPLICANT INFORMATION**

Complete Name:		Date of Birth:	
Aliases:		City/State of Birth:	
Physical Address:		Telephone Number(s):	
City:	State:	ZIP Code:	
Mailing Address:			
City:	State:	ZIP Code:	
E-Mail Address:			
Height:	Weight:	Eye Color:	Hair Color:
Employer:			
Employer Mailing Address:		Employer Telephone Number:	
Employer City/Town	Employer State:	Employer Zip Code:	

**CONVICTION INFORMATION**

<b>Conviction # 1:</b>		
Docket Number:	Conviction Date:	Crime Committed and Level (A, B, C):
Arresting Department:	Sentencing Judge:	Sentence Imposed:
City/State Where Crime Committed:	Your Address When Crime was Committed (City/State):	Place of Incarceration:
Name/Address of Probation/Parole Officer:		Date of Discharge or Release from Prison/Jail or termination of Probation/Supervised Release:
<b>Conviction # 2:</b>		
Docket Number:	Conviction Date:	Crime Committed and Level (A, B, C):
Arresting Department:	Sentencing Judge:	Sentence Imposed:
City/State Where Crime Committed:	Your Address When Crime was Committed (City/State):	Place of Incarceration:
Name/Address of Probation/Parole Officer:		Date of Discharge or Release from Prison/Jail or termination of Probation/Supervised Release:

State Reason for Request and Make, Model and Serial Number of Firearm Sought to be Possessed:

If more space is needed continue on a separate sheet of paper

APPLICANT QUESTIONNAIRE

1. Have you been charged with a crime in Maine or any other jurisdiction since the date of your last application?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. If the answer to question 1 is yes, please list the charges, the disposition (outcome) and contact information for the law enforcement agencies involved.		
Docket Number:	Conviction Date	Crime Committed and Level (D, E and Civil)
Arresting Department	Disposition (outcome):	
If more space is needed continue on a separate sheet of paper		
3. Are you a drug abuser, drug addict or drug dependent person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you ever been involuntarily committed to a psychiatric hospital or facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have a mental disorder that causes you to be potentially dangerous to yourself or others?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Do you have any convictions or adjudications for violation of hunting or fishing laws, in Maine or any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. To your knowledge, have you been the subject of an investigation by any law enforcement agency within the past 5 years regarding the alleged abuse by you of family or household members?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**I understand that any false statements I make in this application or documents I make a part of this application may result in criminal prosecution for unsworn falsification, 17-A M.R.S. § 453; false swearing, 17-A M.R.S. § 452; and other applicable laws.**

SIGNATURE AND NOTARY

State of Maine	
_____,ss	Signature of Applicant _____
On this _____ day of _____, 20____, personally appeared the above-named applicant and made oath that the statements and answers contained in this application, whether in writing or print, are true.	
	Before me
	_____ (Notary Public and Seal)

**INCLUDE A CURRENT COLOR PHOTOGRAPH – NO HAT/NO SUNGLASSES**