			DEPARTMEN DIVISION OF S				
<u>REN</u>	EWAL APPLICAN	NTS PLEASE COMP	PLETE: NH Pistol/Revo	lver License #:		Expires	
N S C S	ity/Town	· · · · · · · · · · · · · · · · · · ·		Date of A Driver's L Social Se Telephon	icense No curity No e No	(	optional)
ם ۲ #: ۲	eate of Birth		ace of Birth			inal	Renewal
Prese	pation: ent Employer: oyer's Address:						
Have Have Are y Have ment Have	you ever had a live you ever been co you an unlawful us you ever been ac al institution? you ever been co	cense to carry denier onvicted of a felony, i er of or addicted to a djudicated as a ment onvicted in any court	d in this or any other st in this or any other stat any controlled substanc al defective by a court	e, which has not been a ce? or committed by a court ne of domestic violence	annulled?	tion. Yes Yes Yes Yes	No N
Name 1	(N/	Mailing Address of th AME) RESS)	2(	NAME) DDRESS)	3	(NAME	,
		PLICATION: Read the follo	•	D RELEASE OF INFO gn. A false statement on any	part of this applic	ation will be j	ust cause for

- 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, <u>all</u> of my statements are true, correct, complete and made in good faith.

## SIGNATURE OF APPLICANT:

SIGNATURE OF APPLIC	ANT:		Date:		
OFFICIAL USE ONLY:	Approved	Denied	APPROVING OFFICIAL:		
DSSP85 (Rev 03/17)			DATE:		