

COUNTY OF \_\_\_\_\_

**APPLICATION FOR A PENNSYLVANIA LICENSE TO CARRY FIREARMS**

FOR USE BY ISSUING AUTHORITY: PICS Temp App. No. \_\_\_\_\_ PICS Perm. App. No. \_\_\_\_\_ Application Date \_\_\_\_\_  
 License No. \_\_\_\_\_ Temporary License Approval Date \_\_\_\_\_ Permanent License Approval Date \_\_\_\_\_  
 Rejection Date \_\_\_\_\_ Reason for Rejection \_\_\_\_\_ Signature \_\_\_\_\_

**APPLICANT INFORMATION - TYPE/PRINT IN BLUE OR BLACK INK**

1. LAST NAME		2. JR., ETC.	3. FIRST NAME		4. MIDDLE NAME		5. PHOTO ID/DRIVER LICENSE NO.		6. STATE		
7a. DATE OF BIRTH	7b. PLACE OF BIRTH	8. SOCIAL SECURITY NUMBER <i>(Options)</i>		9. AGE	10. SEX	11. RACE	12. HEIGHT	13. WEIGHT	14. HAIR COLOR	15. EYE COLOR	
16. STREET ADDRESS				17. CITY		18. STATE	19. ZIP CODE	20. HOME TELEPHONE NO.			
21. EMPLOYER/BUSINESS NAME				22. WORK TELEPHONE NO.			23. OCCUPATION				
24. ADDRESS				25. CITY			26. STATE	27. ZIP CODE			

26. REASON FOR A LICENSE TO CARRY FIREARMS:  
 SELF-DEFENSE     EMPLOYMENT     HUNTING/FISHING     TARGET SHOOTING     GUN COLLECTING     OTHER \_\_\_\_\_

29. TWO REFERENCES - NOT FAMILY MEMBERS

NAME	ADDRESS	TELEPHONE NO.
NAME	ADDRESS	TELEPHONE NO.

APPLICANTS ARE DETERMINED TO BE ELIGIBLE FOR A LICENSE TO CARRY FIREARMS BASED UPON CRITERIA SET FORTH WITHIN THE PENNSYLVANIA UNIFORM FIREARMS ACT (18 PA.C.S. CHAPTER 61) § 6105, DEALING WITH INDIVIDUALS NOT TO POSSESS FIREARMS AND § 6109, DEALING WITH THE ISSUANCE OF A LICENSE TO CARRY FIREARMS.

30. DO YOU MEET ANY OF THE FOLLOWING PROHIBITING CRITERIA UNDER 18 PA.C.S. § 6109(e)(1)? CHECK YES OR NO IN THE BOX BY EACH QUESTION:

A. IS YOUR CHARACTER AND REPUTATION SUCH THAT YOU WOULD BE LIKELY TO ACT IN A MANNER DANGEROUS TO PUBLIC SAFETY?  YES  NO

B. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE UNDER THE ACT OF APRIL 14, 1972 (P.L. 233, NO. 84) KNOWN AS THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT (CSDDCA)? (AS PROVIDED IN 18 PA.C.S. § 6109(e)(1)(ii), ANY PENNSYLVANIA DRUG CONVICTION UNDER THE CSDDCA IS PROHIBITING FOR A LICENSE TO CARRY.)  YES  NO

C. HAVE YOU EVER BEEN CONVICTED OF A CRIME ENUMERATED IN § 6105(b), OR DO ANY OF THE CONDITIONS UNDER § 6105(c) APPLY TO YOU? (READ INFORMATION ON BACK PRIOR TO ANSWERING)  YES  NO

D. HAVE YOU EVER BEEN ADJUDICATED DELINQUENT FOR A CRIME ENUMERATED IN § 6105 OR FOR AN OFFENSE UNDER THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT?  YES  NO

E. HAVE YOU EVER BEEN INVOLUNTARILY COMMITTED TO A HOSPITAL/HEALTH CARE FACILITY FOR A MENTAL HEALTH CONDITION OR OTHER TREATMENT, OR ADJUDICATED INCOMPETENT/INCAPACITATED?  YES  NO

F. ARE YOU AN INDIVIDUAL WHO IS A HABITUAL DRUNKARD, OR WHO IS ADDICTED TO OR AN UNLAWFUL USER OF MARIJUANA OR A STIMULANT, DEPRESSANT, OR NARCOTIC DRUG?  YES  NO

G. ARE YOU NOW CHARGED WITH, OR HAVE YOU EVER BEEN CONVICTED OF A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR? THIS IS THE MAXIMUM SENTENCE YOU COULD HAVE RECEIVED, NOT THE ACTUAL SENTENCE YOU DID RECEIVE. (IT DOES NOT INCLUDE FEDERAL OR STATE OFFENSES PERTAINING TO ANTITRUST, UNFAIR TRADE PRACTICES, RESTRAINTS OF TRADE, OR REGULATION OF BUSINESS; OR STATE OFFENSES CLASSIFIED AS MISDEMEANORS AND PUNISHABLE BY A TERM OF IMPRISONMENT NOT EXCEEDING TWO YEARS.)  YES  NO

H. HAVE YOU EVER RECEIVED A DISHONORABLE DISCHARGE FROM THE UNITED STATES ARMED FORCES?  YES  NO

I. ARE YOU A FUGITIVE FROM JUSTICE? THIS DOES NOT APPLY TO MOVING OR NONMOVING SUMMARY OFFENSES UNDER TITLE 75 (RELATING TO MOTOR VEHICLES).  YES  NO

J. ARE YOU PROHIBITED FROM POSSESSING OR ACQUIRING A FIREARM UNDER THE STATUTES OF THE UNITED STATES?  YES  NO

31. ARE YOU A UNITED STATES CITIZEN? IF NO, COUNTRY OF BIRTH \_\_\_\_\_  
 COUNTRY OF CITIZENSHIP \_\_\_\_\_ ALIEN REGISTRATION # OR I-94# \_\_\_\_\_  YES  NO

32. IF YOU ARE A RESIDENT OF ANOTHER STATE, DO YOU POSSESS A CURRENT LICENSE, PERMIT, OR SIMILAR DOCUMENT TO CARRY A FIREARM ISSUED BY THAT STATE? IF YES, ATTACH A PHOTOCOPY OF THE DOCUMENT TO THIS FORM.  YES  NO

33. I have never been convicted of a crime that prohibits me from possessing or acquiring a firearm under Federal or State law. I am of sound mind and have never been committed to a mental institution or mental health care facility. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties prescribed by law. I authorize the sheriff, or his designee, or, in the case of first class cities, the chief or head of the police department, or his designee, to inspect only those records or documents relevant to information required for this application. If I am issued a license and knowingly become ineligible to legally possess or acquire firearms, I will promptly notify the sheriff of the county in which I reside or, if I reside in a city of the first class, the chief of police of that city. This certification is made subject to both the penalties of § 4904 of the Crimes Code, 18 Pa.C.S., relating to unsworn falsifications to authorities and the Uniform Firearms Act.

SIGNATURE - APPLICANT \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_