MAKE CHECKS PAYABLE TO THE TOWN OF HOLDEN

		FOR OFFICE USE ONLY
	STATE OF MAINE **APPLICATION FOR PERMIT TO CARRY CONCEALED FIREARMS** ***(Resident)*** ☐NEW ($35.00) ☐RENEWAL ($20.00) ☐CHANGE OF ADDRESS ($2.00)	CHECK # ___ $35.00 ___ $20.00 LICENSE # ___ $2.00 ____ISSUE ____DENIED DATE:_____ EXPIRATION DATE (IF ISSUED)_____ KNOWLEDGE OF HANDGUN SAFETY:

FULL NAME (First, Middle, Last)

Phone #:

PREVIOUS LEGAL NAMES, IF ANY (List month and year each name was given/assumed)

ALIASES, IF ANY (List year(s) used)

BIRTHDATE	BIRTHPLACE	CITIZEN (Y/N)	EYECOLOR	COLOR OF HAIR	HT	WT	SEX	RACE

MAILING ADDRESS (If different than legal residence) CITY OR TOWN STATE ZIP CODE

FULL CURRENT RESIDENCE ADDRESS CITY OR TOWN STATE ZIP CODE
(Street or Road Name, not P.O. Box)

LIST OF ALL ADDRESSES AT WHICH YOU HAVE LIVED AT ANY TIME DURING THE PAST FIVE (5) YEARS
(Street or Road, City/Town, State, Zip, Dates of residence)

LIST OF PREVIOUSLY ISSUED PERMITS TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR ANY OTHER JURISDICTION. For each permit previously issued, please identify the issuing authority (e.g. Massachusetts State Police; Portland P.D.; Town of Shapleigh, Selectmen) and the date the permit was issued.

LIST OF PREVIOUS REFUSALS TO ISSUE PERMIT TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each refusal of a permit, please identify the agency that refused to issue the permit, and the date of refusal.

LIST OF PREVIOUS REVOCATIONS OR SUSPENSIONS OF FIREARMS PERMITS OR PERMITS TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each revocation, please identify the agency or authority that revoked the permit and the date it was revoked or suspended.

PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USED

CIRCLE APPROPRIATE ANSWER AFTER EACH QUESTION.

a. Are you less than 18 years of age?---------- YES NO

b. Is there a formal charging instrument now pending against you in this state for a crime under the laws of this state that is punishable by imprisonment for a term of year or more?---------- YES NO

c. Is there a formal charging instrument now pending against you in any federal court for a crime under the laws of the United States that is punishable by imprisonment for a term exceeding one year? ---------- YES NO

d. Is there a formal charging instrument now pending against you in another state for a crime that, under the laws of the that state, is punishable by imprisonment for a term exceeding one year?---------- YES NO

e. If your answer to question (d) is "yes", is that charged crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less? ---------- YES NO

f. Is there a formal charging instrument pending against you in another state for a crime punishable in that state by a term of imprisonment of 2 years or less and classified by that state as a misdemeanor, but that is substantially similar to a crime that under the laws of this State is punishable by imprisonment for a term of one year or more? ---------- YES NO

g. Is there a formal charging instrument now pending against you under the laws of the United States, this State or any other state or the Passamaquoddy Tribe or Penobscot Nation in a proceeding in which the prosecuting authority has pleaded that you committed the crime with the use of a firearm against a person or with the use of a dangerous weapon as defined in Title 17-A, M.R.S.A. § 2 (9) (A)? ---------- YES NO

h. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (b), (c), (d) or (f) and involves bodily injury or threatened bodily injury against another person? ---------- YES NO

i. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (g)? ---------- YES NO

j. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (b), (c), (d) or (f), but does not involve bodily injury or threatened bodily injury against another person? ---------- YES NO

k. Have you ever been convicted of committing or found not criminally responsible by reason of insanity or mental disease or defect of committing a crime described in question (b), (c), (f) or (g)? ---------- YES NO

l. Have you ever been convicted of committing or found not criminally responsible by reason of insanity or mental disease or defect of committing a crime described in question (d)? ---------- YES NO

m. If your answer to question (l) is "yes," was that crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less? ---------- YES NO

n. Have you ever been adjudicated as having committed a juvenile offense described in question (h) or (i)? ---------- YES NO

o. Have you ever been adjudicated as having committed a juvenile offense described in question (j)? ---------- YES NO

p. Are you currently subject to an order of a Maine court or an order of a court of the United States or another state, territory, commonwealth or tribe that restrains you from harassing, stalking or threatening your intimate partner, as defined in 18 United States Code, Section 921(a), or a child of your intimate partner, or from engaging in other conduct that would place your intimate partner in reasonable fear of bodily injury to that intimate partner or the child?---------- YES NO

q. Are you a fugitive from justice?---------- YES NO

r. Are you a drug abuser, drug addict or drug dependent person?---------- YES NO

s. Do you have a mental disorder that causes you to be potentially dangerous to yourself or others?---------- YES NO

t. Have you been adjudicated to be an incapacitated person pursuant to Title 18-A, Article V, Parts 3 and 4, and not had that designation removed by an order under Title 18-A, M.R.S.A. § 5-307 (b)? [Termination of incapacity, Probate Code; protection of persons under disability and their property] ---------- YES NO

u. Have you been dishonorably discharged from the military forces within the past 5 years?---------- YES NO

v. Are you an illegal alien?---------- YES NO

w. Have you been convicted in a Maine court of a violation of Title 17-A, M.R.S.A. § 1057 [possession of a firearm in an establishment licensed for on-premises consumption of liquor] within the past five (5) years?---------- YES NO

x. Have you been adjudicated in a Maine court within the past five (5) years as having committed a juvenile offense involving conduct that, if committed by an adult, would be a violation of Title 17-A, M.R.S.A. § 1057 [criminal possession of a firearm in an establishment licensed for on-premises consumption of liquor]?---------- YES NO

y. 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?---------- YES NO

z. Have you been convicted in any jurisdiction within the past 5 years of 3 or more crimes punishable by a term of imprisonment of less than one year or of crimes classified under the laws of a state as a misdemeanor and punishable by a term of imprisonment of 2 years or less? ---------- **YES NO**

aa. Have you been adjudicated in any jurisdiction within the past 5 years to have committed 3 or more juvenile offenses described in question (o)? ---------- **YES NO**

bb. To your knowledge, have you engaged within the past 5 years in reckless or negligent conduct [as defined at 25 M.R.S.A. § 2002(11)] that has been the subject of an investigation by a governmental entity?---------- **YES NO**

cc. Have you been convicted in a Maine court within the past 5 years of any Title 17-A, chapter 45 drug crime?---------- **YES NO**

dd. Have you been adjudicated in a Maine court within the past 5 years as having committed a juvenile offense involving conduct that, if committed by an adult, would have been a violation of Title 17-A, chapter 45? [Drugs offenses] ---------- **YES NO**

ee. Have you been adjudged in a Maine court to have committed the civil violation of possession of a useable amount of marijuana, butyl nitrite or isobutyl nitrite in violation of Title 22 M.R.S.A. § 2383 within the past 5 years?---------- **YES NO**

ff. Have you been adjudicated in a Maine court within the past 5 years as having committed the juvenile crime defined in Title 15 M.R.S.A. § 3103 (1) (B) of possession of a useable amount of marijuana, as provided in Title 22 M.R.S.A. § 2383?---------- **YES NO**

[continued on next page]

READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT YOU:

A. Certify that the statements you have made on this application, and any documents you make a part of this application, are true and correct.

A-1. Certify that you understand that a "yes" answer to question (l) or (o) above is cause for refusal unless you are authorized to possess a firearm under Title 15 M.R.S.A. § 393.

A-2. Certify that you understand that a "yes" answer to question (p) is cause for refusal if the order of the court meets the preconditions contained in Title 15, M.R.S.A. § 393 (1) (D). If the order of the court does not meet the preconditions, the conduct underlying the order may be used by the issuing authority, along with other information, in judging good moral character under 25 M.R.S.A. § 2003 (4).

B. Certify that you understand that a "yes" answer to question number (a), (k), (n), or any of the questions numbered (q) through (x) above is cause for refusal.

B-1. Certify that you understand that a "yes" answer to one or more of the questions numbered (b) through (j), (m), (y), (z), or (aa) to (ff) above will be used by this issuing authority, along with other information, in judging good moral character under Title 25 M.R.S.A. § 2003 (4).

C. Certify that you will, that at the request of this issuing authority, take whatever action is required of you by law to allow this issuing authority to obtain from the Maine Department of Health and Human Services (limited to records of patient committals to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center), the courts, law enforcement agencies, the military, the United States Citizenship and Immigration Services, and any prior issuing authority in this State or any other jurisdiction with which you have been involved, information relevant to the following:
(1) The determination as to whether the information supplied on the application or any documents made a part of the application is true and correct;
(2) The determination as to whether each of the additional requirements of Title 25 M.R.S.A. § 2003 has been met;
(3) The determination as to whether, if you are currently a permit holder, such permit must be revoked under Title 25 M.R.S.A. § 2005; and
(4) The determination as to whether, if you are otherwise eligible and reapplying following an earlier revocation of a permit, you are eligible to do so under Title 25 M.R.S.A. § 2005 or Title 17-A M.R.S.A. § 1057.

D. Certify that you understand that if fingerprints are required by this issuing authority in order to resolve any questions as to your identity, you will submit to being fingerprinted.

E. Certify that you understand that if a photograph is an integral part of the permit to carry concealed firearms adopted by this issuing authority, you will submit to being photographed for that purpose.

F. Certify that you understand that you must demonstrate to this issuing authority a knowledge of handgun safety as required by Title 25 M.R.S.A. § 2003 (1) (E) (5), unless you demonstrate that you are exempted under that same statute.

G. Certify that you have received a copy of the pamphlet entitled "LAWS RELATING TO PERMITS TO CARRY CONCEALED FIREARMS" (2005 edition).

H. 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 pursuant to 25 M.R.S.A. § 2004 (1) and/or 17-A M.R.S.A. § 453, unsworn falsification.

_____ _____

Your Signature as Applicant Date

ALL QUESTIONS MUST BE ANSWERED COMPLETELY
AND THE APPLICATION FEE ($35 FOR ORIGINAL
APPLICATION, $20 FOR RENEWAL APPLICATION,
OR $2.00 FOR CHANGE OF ADDRESS)
MUST ACCOMPANY THIS APPLICATION OR
THE APPLICATION WILL BE RETURNED.

AUTHORIZATION TO RELEASE INFORMATION
FOR THE PURPOSE OF APPLYING FOR A CONCEALED FIREARM PERMIT

Print Legibly or Type

NAME OF APPLICANT: _____ DOB: _____

ALIAS AND/OR PRIOR NAME(S): _____

Pursuant to 25 MRSA § 2003 (1)(E)(1), I authorize the Riverview Psychiatric Center and the Dorothea Dix Psychiatric Center of the Department of Health and Human Services to disclose and record of whether I have ever been committed to the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center to:

TOWN OF HOLDEN

Issuing authority as defined at MRSA §§ 2009(9), 2002-A (Indentify organization and individual representative)

Issuing Authority: TOWN OF HOLDEN

Mailing Address: 570 MAIN RD. HOLDEN, ME 04429

Issuing Authority Fax: 207-843-5153 Telephone # to verify receipt of fax: 207-843-5151

Note: If information is requested to be faxed, a telephone number to verify the receipt of the fax is required. If a telephone number for verification is NOT provided, the information will be sent by regular mail.

I understand that the information requested is protected by law and cannot be released without my written permissions, unless otherwise specifically permitted by law. I understand that I have the right to review information and material prior to its release. I understand I have the right to revoke this authorization in writing at any time by contacting the issuing authority identified above. I understand that my refusal to sign this release will cause my application for a concealed weapons permit to be rejected. I understand that if the issuing authority receives an affirmative response to its inquiry, I may be asked to authorize the release of additional information to determine my eligibility for a concealed firearm permit. Information disclosed to the issuing authority pursuant to this release is confidential pursuant to MRSA § 2006.

This authorization is effective for ninety (90) days following my dated signature.

_____

Applicant Signature Date

_____

Witness Signature Date

APPLICANT: RETURN THIS FORM TO THE ISSUING AUTHORITY WITH YOUR PERMIT APPLICATION. RETAIN A COPY FOR YOUR RECORDS

ISSUING AUTHORITY: Send completed form (or a copy) to
Riverview Psychiatric Center, 250 Arsenal St, Augusta, ME 04330, attention Health Information AND
Dorothea Dix Psychiatric Center, PO Box 926, Bangor, ME 04401, attention Medical Records (fax: 207-941-4029)

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AUTHORIZATION FOR RELEASE

Dear Sir or Madam:

The individual listed below has applied to the Town of Holden for a CONCEALED FIREARMS PERMIT. In accordance with Maine Law, _____ has signed this authorization for release.

I, _____, _____, _____
[Name] [Soc. Sec. No.] [Service No.]

authorize the Veterans Administration, Togus, Maine, to disclose to the Town of Holden the following information:

A. Treated as a PSYCHIATRIC IN OR OUT PATIENT in the last 5 years.
   [ ] Yes Dates: _____
   [ ] No
B. Treated for ALCOHOL ABUSE
   [ ] Yes Dates: _____
   [ ] No
C. Treated for DRUG ABUSE
   [ ] Yes Dates: _____
   [ ] No

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for the regulations. I also understand that I may revoke this consent at any time except to the extent that action has already been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires automatically as described below.

Specification of the date, event or condition upon which this consent expires:

_____

_____

Executed this _____ day of _____, 20

_____ _____
[Signature of patient or participant] [Signature of witness]