



TOWN OF MENDON
Police Department
22 Main Street
Mendon, Massachusetts 01756

David H. Kurczy
Chief of Police

Firearms Licensing

1. To complete the application process, you must appear in person on either Sunday or Wednesday between the hours of 6:00 pm and 8:00 pm at the following address:

Mendon Police Department
22 Main Street
Mendon, MA 01756

2. Please note the following COVID-19 procedure requirements:
 - You must wear a mask or face covering at all time
 - Your temperature will be taken prior to interview, and must read less than 100 degrees.
 - If you are visibly ill (coughing, running nose, fever, sweats, etc.), you will be denied access and rescheduled for a later date
 - You will be asked a series of COVID-19 screening questions; you will be denied entry and rescheduled for a later date if you answer “yes” to any of the questions.
 - You will be required to use hand sanitizer or wash your hands with soap and water before entering the interview room.
3. You must bring a government issued, photo identification card along with completed Health Screening Questionnaire and Firearms Licensing Application. Without identification, you will not be allowed into the building and will need to reschedule your appointment.
4. You cannot bring firearms or knives of any kind into the building.
5. Please call us at (508) 478-2737, 15 minutes prior to arriving so we can ensure an officer will be available.

Mendon Police Department Health Screening Questionnaire

Full Name: _____

Date: _____

Purpose of Visit: _____

Prior to being provided access to the Mendon Police Department, all visitors must complete the questions in this questionnaire and will have their temperature recorded. Visitors that refuse to complete the questionnaire, refuse to allow for their temperature to be taken, refuse to wear a mask, have a temperature reading of 100 degrees Fahrenheit or higher or respond “yes” to the questions below will not be allowed to enter the Mendon Police Department and will need to reschedule their appointment for a later time.

Health questions:

1. Have you, a family member, or someone you live with tested positive for or been diagnosed with COVID-19 in the last 14 days? **YES** **NO**

2. Are you currently experiencing, or have experienced within the last 3 days symptoms of COVID-19? ¹
YES **NO**

3. Have you or a family member been advised to self-quarantine by a health care provider within the last 14 days? **YES** **NO**

4. Are you awaiting COVID-19 test results, live with, or been in contact with someone that is?
YES **NO**

Sworn police personnel note in the section below the recorded temperature for the visitor.

Recorded Visitor Temperature: _____

¹Symptoms of COVID-19 may include a fever, a severe cough, shortness of breath, chills, severe muscle pain, headache, sore throat, loss of taste or smell, or extreme fatigue

Licensing Requirements

APPLICATION FOR A NEW CLASS A LICENSE TO CARRY

- Complete a Firearms Safety Course by a Certified Safety Instructor
- Fill out application form completely
- \$100 check or money order made to the Town of Mendon (cash not accepted)

RENEWAL OF A CLASS A LICENSE TO CARRY

- Fill out application form completely
- \$100 check or money order made to the Town of Mendon (cash not accepted)
Age 70 and over -- Free

APPLICATION FOR A NEW FID CARD LICENSE TO CARRY

- Complete a Firearms Safety Course by a Certified Safety Instructor
- Fill out application form completely
- \$100 check or money order made to the Town of Mendon (cash not accepted)
15 years of age to 17 years of age fee is \$25.00

RENEWAL OF A FID CARD LICENSE TO CARRY

- Fill out application form completely
- \$100 check or money order made to the Town of Mendon (cash not accepted)
Age 70 and over -- Free



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**

200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4600 | TTY: 617-660-4606 | mass.gov/cjis

PD USE ONLY	
FTN:	_____
LIC #:	_____

**Submit this form and direct any questions to
your local police department**

**MASSACHUSETTS RESIDENT LTC/FID/MACHINE GUN APPLICATION
FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR LICENSE TO CARRY
FIREARMS OR LICENSE TO POSSESS A MACHINE GUN (M.G.L. c. 140, §§ 129B, 131)**

CHECK ONE:

- New Applicant*
- Renewal - Most Recent License to Carry/FID Number: _____

*NOTE: If application is for a first firearms identification card or license to carry firearms, a copy of the Firearms Safety Certificate or Hunter Safety Course Certificate must be attached, unless exempt by statute. If this is a renewal application, a lost/stolen firearms affidavit must be submitted.

LICENSE APPLICATION TYPE (Check Only One):

- Firearms Identification Card - Restricted (self-defense spray)
- Firearms Identification Card
- License to Carry
- License to Possess a Machine Gun
- Gun Club License (Only the Colonel of the State Police can issue a club license)

EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:

Last Name	First Name	Middle Name	Suffix
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Residential Address	City	State	Zip Code	Telephone Number
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Mailing Address	City	State	Zip Code	Telephone Number
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Date of Birth	Place of Birth (City, State, Country)
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Mother's First Name	Mother's Maiden Name	Father's First Name	Father's Last Name
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Height	Weight	Build	Complexion	Hair Color	Eye Color
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Occupation	Social Security Number (Optional)	Drivers License Number
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Employed By	Business Address
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City/Town	State	Zip	Telephone Number
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ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:

1. Are you a citizen of the United States? YES NO

If lawful permanent resident alien, give green card number and resident date

	Green Card Number	Resident Since (date)
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If naturalized, give date, place and naturalization number

	Date	Place	Naturalization No.
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2. Have you ever renounced your U.S. citizenship? YES NO

3. What is your age? _____ (You must be 21 to apply for a LTC, 18 to apply for a FID card, or 14 to 17 with submission of a certificate of parent or guardian granting permission to apply for a FID card or FID card – Restricted).

4. Have you ever been arrested or appeared in court as a defendant for any criminal offense? YES NO

5. Are you the subject of any pending criminal charges? YES NO

6. Have you ever been convicted of a felony? YES NO

7. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances as defined in M.G.L. c. 94C, § 1? YES NO

8. Have you ever been convicted of a violent crime or a crime of domestic violence? YES NO

9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction? YES NO

10. Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A, or a similar order issued by another jurisdiction? YES NO

11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? YES NO

12. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse? YES NO

13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked, or denied? YES NO

14. Have you been discharged from the armed forces of the United States under dishonorable conditions? YES NO

15. Have you been the subject of an order of the probate court appointing a guardian or conservator? YES NO

If you answered "YES" to any of the questions 2-15, give details which must include dates, circumstances and location; use a separate sheet of paper if necessary.

Have you ever used or been known by another name?

YES NO

If "YES", provide name and explain: _____

Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived?

NONE

Have you ever held a firearms license in any other state, territory or jurisdiction?

YES NO

If "YES", when, where, and license number? _____

List the name and addresses of two references (as required by your licensing authority)

1.

_____	_____	_____	_____
Last Name	First Name		
_____	_____	_____	_____
Address	City/Town	State	Zip

2.

_____	_____	_____	_____
Last Name	First Name		
_____	_____	_____	_____
Address	City/Town	State	Zip

Reason(s) for requesting the issuance of a card or license:

- Unrestricted
- Target & Hunting
- Sporting
- Employment

Use lines below to indicate the reason(s) you are requesting the license; use a separate sheet of paper if necessary)

WARNING Any person who knowingly files an application containing false information shall be punished by a fine of not less than \$500 nor more than \$1,000 or by imprisonment for not less than 6 months nor more than 2 years in a house of correction, or by both such fine and imprisonment (M.G.L. c.140, §§ 129B(8), 131(h)).

I declare the above facts are true and complete to the best of my knowledge and belief and I understand that any false answer(s) will be just cause for denial or revocation of my license to carry firearms. I understand that filing an application that contains false information is a criminal offense.

Signed under the penalties of perjury this _____ day of _____ month _____ year

Signature of Applicant: _____

Massachusetts License to Carry (LTC)/Firearms Identification Card (FID) Affidavit

Complete this form **only** if you are **renewing** your firearms license.

License Holder Name: _____

Current LTC or FID card Number: _____

Please select one:

A. (No firearm(s) lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.

2. I have not lost one or more firearms or had any firearms stolen since the renewal or issuance of my last FID card or LTC.

OR

B. (Firearm(s) reported lost or stolen since previous issuance of LTC or FID card)

1. I am renewing a Massachusetts firearms identification (FID) card or license to carry (LTC) firearms.

2. I have lost one or more firearms or have reported stolen one or more firearms since the renewal or issuance of my last FID card or LTC.

List all lost or stolen firearms below; use additional sheets as necessary.

Lost or Stolen	Date Reported Lost or Stolen	Reported to (Police Dept.)	Type	Make	Model	Serial Number	Case Number

The above information is true and accurate to the best of my knowledge and belief.

SIGNED UNDER THE PENALTIES OF PERJURY:

Signature: _____

Date: _____