

(814) 472-1691

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 (Optional) 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. TELEPHONE NO.
21. PERSONAL EMAIL (Blocks 21-23 Optional) 22. EMPLOYER/BUSINESS NAME 23. WORK TELEPHONE NO.

24. REASON FOR A LICENSE TO CARRY FIREARMS:
[] SELF-DEFENSE [] EMPLOYMENT [] HUNTING/FISHING [] TARGET SHOOTING [] GUN COLLECTING [] OTHER

25. TWO REFERENCES (Optional) 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 LISTED IN 18 Pa.C.S. § 6109.

26. DO ANY OF THESE PROHIBITING CRITERIA UNDER 18 Pa.C.S. § 6109(e)(1) APPLY TO YOU? CHECK YES OR NO:
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 PENNSYLVANIA CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT (CSDDCA)? (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 LISTED IN 18 Pa.C.S. § 6105(b), OR DO ANY OF THE CONDITIONS LISTED IN 18 Pa.C.S. § 6105(c) APPLY TO YOU? (READ INFORMATION ON BACK PRIOR TO ANSWERING) [] YES [] NO
D. HAVE YOU EVER BEEN ADJUDICATED DELINQUENT FOR A CRIME LISTED IN 18 Pa.C.S. § 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? YOU MAY CHECK "NO" IF YOU HAVE BEEN GRANTED RELIEF OR EXPUNGEMENT IN PENNSYLVANIA PURSUANT TO EITHER 18 Pa.C.S. 6105(F)(1) OR 6111.1(G)(2), OR BY THE ADJUDICATING/COMMITTING STATE PURSUANT TO A QUALIFYING MENTAL HEALTH RELIEF FROM DISABILITIES PROGRAM, AS SET FORTH IN 34 U.S.C. § 40915. [] 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), BUT DOES INCLUDE OUTSTANDING ARREST AND BENCH WARRANTS. [] YES [] NO
J. ARE YOU PROHIBITED FROM POSSESSING OR ACQUIRING A FIREARM UNDER THE STATUTES OF THE UNITED STATES? [] YES [] NO
27. ARE YOU A UNITED STATES CITIZEN? IF NO, COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____ ALIEN REGISTRATION # OR I-94# _____ [] YES [] NO
28. 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
29. ARE YOU CURRENTLY ON ANY TYPE OF PROBATION/PAROLE WHICH PROHIBITS THE POSSESSION OR CONTROL OF A FIREARM? [] YES [] NO

30. 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 18 Pa.C.S. § 4904, relating to unsworn falsifications to authorities and the Uniform Firearms Act.

SIGNATURE - APPLICANT _____ DATE OF APPLICATION _____