



Town of Sharon  
**Police Department**

213 South Main Street  
Sharon, Ma 02067

Joseph S. Bernstein  
Chief of Police

Tel. 781-784-1587  
Fax. 781-784-1592

**GENERAL INFORMATION FOR LICENSE TO CARRY AND FID APPLICANTS**

*Prior to the initiation of any process and appointment for an interview the applicant must submit all of the following:*

- *Check for \$100.00 (fee) payable to the "Town of Sharon Police Department". Fees are NON-REFUNDABLE if the permit is denied.*
- *Provide positive identification and proof of residency*
- *All completed forms and materials as outlined below.*

**LICENSE TO CARRY FIREARMS (NEW APPLICANTS)**

- *Must be 21 years of age.*
- *Complete application and payment*
- *Must complete a certified firearms safety or hunter education course. (Certificate Required)*
- *Three letters of reference from Non-Family members stating their opinion of applicants' suitability to possess a firearm.*
- *Physicians letter stating applicants suitability to carry firearms*
- *All applicants seeking a License to Carry for employment purposes shall submit on company letterhead a signed letter from their employer stating his or her duties and need for carrying a firearm. In the event the applicant is terminated from employment the LTC shall be revoked. It is the responsibility of the applicant to notify the licensing authority of the Sharon Police Department upon change of employment, if such license is issued as a condition of employment.*



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## **FIREARMS IDENTIFICATION CARD**

- *Must be 15 years of age (Under 18 years old needs written parental permission)*
- *Completed application and payment*
- *Must complete a certified firearms safety or hunter education course. (Certificate Required). This does not apply for those applicants seeking an FID to carry Mace or Pepper spray.*

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***The Sharon Police Department will process applicants only when all of the required paperwork is received, and after completion of the Interview with the issuing authority.***

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## **DISQUALIFIERS**

A person is statutorily disqualified from obtaining an LTC or FID if He/She:

- *Has been convicted (or adjudicated delinquent or as a youthful offender) of a Felony, a Misdemeanor punishable by more than two years imprisonment, A violent crime or a weapon and or drug offense.*
- *Has been confined to a hospital or institution for mental illness, unless he/she has an affidavit from a physician stating that he/she is not disabled by such illness in a matter that prevents him/her from possessing a firearm.*
- *Is or has been under treatment or confinement fro drug addiction or habitual drunkenness, unless deemed cured by a physician*



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- *Is an Alien*
- *Is subject to an outstanding arrest warrant*
- *Is subject to a suspension or surrender order or a protection order issued pursuant to M.G.L c. 209A*

*With respect to FID cards, but not LTC's the disqualifications for criminal convictions do not apply after five years from the date of conviction or release from incarceration or supervision, except that there is a lifetime disqualification for violent crimes or crimes involving the trafficking in drugs.*

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***Upon the occurrence of a disqualifying event, the LTC or FID that had been issued shall be revoked or suspended.***

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7. IN ANY STATE OR FEDERAL JURISDICTION HAVE YOU EVER BEEN CONVICTED AS AN ADULT OR ADJUDICATED A YOUTHFUL OFFENDER OR DELINQUENT CHILD FOR THE COMMISSION OF (a) A FELONY; (b) A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR MORE THAN 2 YEARS; (c) A VIOLENT CRIME AS DEFINED IN MGL C140, s.121; (d) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION, OWNERSHIP, SALE, TRANSFER, RENTAL, RECEIPT OR TRANSPORTATION OF WEAPONS OR AMMUNITION FOR WHICH A TERM OF IMPRISONMENT MAY BE IMPOSED; OR (e) A VIOLATION OF ANY LAW REGULATING THE USE, POSSESSION OR SALE OF CONTROLLED SUBSTANCES AS DEFINED IN SECTION 1 OF MGL 94C? \_\_\_\_\_
8. HAVE YOU EVER BEEN CONFINED TO ANY HOSPITAL OR INSTITUTION FOR MENTAL ILLNESS? \_\_\_\_\_
9. ARE YOU OR HAVE YOU EVER BEEN UNDER TREATMENT FOR OR CONFINEMENT FOR DRUG ADDICTION OR HABITUAL DRUNKENNESS? \_\_\_\_\_
10. HAVE YOU EVER APPEARED IN ANY COURT AS A DEFENDANT FOR ANY CRIMINAL OFFENSE (EXCLUDING NON-CRIMINAL TRAFFIC OFFENSES)? \_\_\_\_\_
11. ARE YOU NOW UNDER ANY CHARGE(S) FOR ANY OFFENSE(S) AGAINST THE LAW? \_\_\_\_\_
12. ARE YOU NOW OR HAVE YOU EVER BEEN THE SUBJECT OF A M.G.L. C209A RESTRAINING ORDER OR INVOLVED IN A DOMESTIC VIOLENCE CHARGE? \_\_\_\_\_
13. HAS ANY LICENSE TO CARRY FIREARMS, PERMIT TO POSSESS FIREARMS, OR FIREARMS IDENTIFICATION CARD ISSUED UNDER THE LAWS OF ANY STATE OR TERRITORY EVER BEEN SUSPENDED, REVOKED OR DENIED? \_\_\_\_\_
14. ARE YOU CURRENTLY THE SUBJECT OF ANY OUTSTANDING ARREST WARRANT IN ANY STATE OR FEDERAL JURISDICTION? \_\_\_\_\_

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FOUR THROUGH FOURTEEN, GIVE DETAILS WHICH MUST INCLUDE DATES, CIRCUMSTANCES AND LOCATION: \_\_\_\_\_

(IF NECESSARY USE SEPARATE SHEET OF PAPER TO COMPLETE)

OTHER THAN MASSACHUSETTS, WHAT STATES HAVE YOU RESIDED IN? \_\_\_\_\_

HAVE YOU EVER HELD A LICENSE TO CARRY IN THIS OR ANY OTHER STATE? \_\_\_\_\_

IF "YES", WHEN, WHERE AND LICENSE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ISSUED A FIREARMS IDENTIFICATION CARD? \_\_\_\_\_. IF SO, WHAT WAS THE NUMBER AND ISSUING DEPARTMENT: \_\_\_\_\_

LIST NAME AND ADDRESSES OF TWO REFERENCES (NOT REQUIRED IF APPLYING FOR A FIREARMS IDENTIFICATION CARD):

1. \_\_\_\_\_
2. \_\_\_\_\_

REASON (S) FOR REQUESTING THE ISSUANCE OF CARD OR LICENSE: \_\_\_\_\_

**\*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 (MGL c.140, s.131).**

**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 AND MAY BE USED IN A CRIMINAL PROCEEDING PURSUANT TO MASSACHUSETTS GENERAL LAW CHAPTER 140, SECTION 129 AND 131.**

**SIGNED UNDER THE PENALTIES OF PERJURY THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_**  
 (DAY) (MONTH) (YEAR)

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**Applicant: Bring this to your local licensing authority (Police Department) DO NOT MAIL TO THE FIREARMS RECORD BUREAU. Two photographs are required for licensing. If you have any questions please call your local police department.**

**LICENSING AUTHORITY (LOCAL POLICE DEPARTMENT)- RETAIN ONE COPY FOR YOUR FILES, PLEASE FORWARD ONE COPY TO THE FIREARMS RECORD BUREAU WITH THE COMPLETED LTC OR FID FOR DATA ENTRY and ONE COPY TO THE MASS STATE POLICE WITH THE APPLICANT'S FINGERPRINT CARD FOR APPROPRIATE FINGERPRINT SUPPORTED CRIMINAL RECORD CHECK.**