


MAKE CHECK PAYABLE TO: Town of Surry

	STATE OF MAINE	FOR OFFICE USE ONLY	
	APPLICATION FOR PERMIT	CHECK#	\$35.00 \$20.00
	TO CARRY CONCEALED HANDGUN - RESIDENT	LICENSE#	\$2.00
	<input type="checkbox"/> NEW (\$35.00) <input type="checkbox"/> RENEW (\$20.00) <input type="checkbox"/> DUPLICATE (\$2.00)	ISSUE	DENY DATE
	<input type="checkbox"/> CHANGE OF ADDRESS (\$2.00) <input type="checkbox"/> CHANGE OF NAME (\$2.00)	EXPIRATION DATE IF ISSUED:	

FULL NAME: _____

PRIOR LEGAL NAME(S): _____

ALIASES: _____

BIRTHDATE: _____ EYE COLOR: _____ HEIGHT: _____ FT _____ IN _____

BIRTHPLACE: _____ HAIR COLOR: _____ WEIGHT: _____

CITIZEN: _____ Y _____ N _____ RACE: _____ SEX: _____ M _____ F _____

EMAIL ADDRESS: _____

PHONE NUMBERS _____

CELL: _____ HOME: _____ WORK: _____

LEGAL MAILING ADDRESS: _____

LEGAL PHYSICAL ADDRESS: _____

LIST ALL ADDRESSES YOU HAVE LIVED AT DURING LAST 5 YEARS; INCLUDE MOVE IN AND MOVE OUT DATES; USE ADDITIONAL SHEET OF PAPER IF NEEDED:

MO/YR IN - MO/YR OUT

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 Handgun 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

- 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? [Drug 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

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 Handgun 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:

**AUTHORIZATION TO PSYCHIATRIC FACILITY TO RELEASE INFORMATION
FOR THE PURPOSE OF APPLYING FOR A CONCEALED HANDGUN PERMIT**

PRINT LEGIBLY OR TYPE

NAME OF APPLICANT: _____ DOB: _____

ALIAS AND/OR PRIOR NAME(S): _____

Pursuant to 25 M.R.S. §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 any record of whether I have ever been committed to the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center to the issuing authority:

Issuing Authority (individual)	Col. John E. Cote, c/o Lt. Michael P. Johnston		
Issuing Authority (organization)	Maine State Police Special Investigations Unit		
Mailing Address	164 State House Station, Augusta, ME 04333		
Issuing Authority Fax #	(207) 287-3424	Telephone # to verify receipt of fax	(207) 624-7210

I understand that the information requested is protected by law and cannot be released without my written permission, 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 handgun 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 handgun permit. Information disclosed to the issuing authority pursuant to this release is confidential pursuant to 25 M.R.S. § 2006.

This authorization is effective for six months following the date of my signature.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

APPLICANT: DO NOT SEND THIS FORM TO THE HOSPITAL. YOU MUST RETURN THIS FORM TO THE ISSUING AUTHORITY IDENTIFIED ABOVE WITH YOUR PERMIT APPLICATION, OR YOUR APPLICATION MAY NOT BE PROCESSED.

ISSUING AUTHORITY: Send completed form (or a copy) to Riverview Psychiatric Center (RPC) **AND** to Dorothea Dix Psychiatric Center (DDPC) by **one** of the following means:

1. Scan form and send via **e-mail** to: RiverviewMedicalRecords@maine.gov **AND** DorotheaDixMedicalRecords@maine.gov **OR**
2. **Fax** form to: RPC: (207) 287-7127 **AND** DDPC: (207) 941-4029 **OR**
3. **Mail** the form, with a self-addressed stamped envelope to: Riverview Psychiatric Center, 250 Arsenal St., Augusta, ME 04330, Attn. Health Information; **AND** Dorothea Dix Psychiatric Center, PO Box 926, Bangor, ME 04401, Attn. Medical Records.

NOTICE TO ISSUING AUTHORITY: The RPC and DDPC will respond in the same manner in which you forward this form. However, if you fax the form, you must provide your telephone number so that the institution can verify your receipt of the return fax.

TO ALL MILITARY FORCES, BOTH STATE AND FEDERAL:

I hereby authorize and direct you to release to the issuing authority named below or its representative any information in your possession or control concerning me pertaining to a dishonorable discharge from the military forces within the past 5 years.

TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES:

I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession or control concerning me pertaining to my status as an illegal alien.

TO ALL ABOVE-ADDRESSED GOVERNMENTAL ENTITIES:

I hereby authorize and direct you to release to the issuing authority named below or its representative any information in your possession or control concerning me pertaining to the following:

- (1) my full name;
- (2) my full current address and address for the prior 5 years;
- (3) the date and place of my birth and my physical description;
- (4) my signature.

Should there be any question to the validity of this release, you may contact me at the address and/or the telephone number listed below.

DATE:	
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APPLICANT'S FULL NAME: (Typed or printed)	
APPLICANT'S FULL NAME: (Signature)	
DATE OF BIRTH OF APPLICANT:	

Mailing Address of Applicant:	
Telephone Number of Applicant:	

Maine State Police Special Investigations Unit	Col. John E. Cote, c/o Lt. Michael P. Johnston
ISSUING AUTHORITY (Organization)	ISSUING AUTHORITY REPRESENTATIVE (Name)

INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL TO THE EXTENT PROVIDED BY 25 M.R.S. § 2006 AND MAY NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION OR COPYING BY THE ISSUING AUTHORITY UNLESS THE CONFIDENTIALITY IS WAIVED BY THIS APPLICANT BY WRITTEN NOTICE TO THE ISSUING AUTHORITY.

THIS ORIGINAL RELEASE, AND ANY COPIES, ARE VALID FOR A PERIOD OF SIX MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.