



# State of New Hampshire

## DEPARTMENT OF SAFETY

### DIVISION OF STATE POLICE



## NON-RESIDENT PISTOL/REVOLVER LICENSE

**RENEWAL APPLICANTS PLEASE COMPLETE:** NH Pistol/Revolver License #: \_\_\_\_\_ Expires \_\_\_\_\_

See instructions on back to properly complete this form. Incomplete application will be returned.

FILE #:	Name _____		Date of Application _____	
	<b>Mailing Address:</b>			
	Street _____		Resident State License No. _____	
	City/Town _____		Driver's License No. _____	
	State _____ Zip _____		Social Security No. _____	
	<b>Legal Address (if different from above):</b>		Telephone No. _____ (optional)	
	Date of Birth _____		Place of Birth _____	
			<input type="checkbox"/> Original <input type="checkbox"/> Renewal	
			<b>United States Citizen YES <input type="checkbox"/> / NO <input type="checkbox"/></b>	
			<b>If NO, and residing in the United States, you MUST provide the following:</b>	
Height _____ Hair _____ Sex _____		<b>AR#:</b> _____		
Weight _____ Eyes _____ Race _____ (optional)		<b>COUNTRY OF CITIZENSHIP:</b> _____		
Occupation: _____				
Present Employer: _____				
Employer's Address: _____				
Previous Employer: _____				
Address: _____				

**If you answer "Yes" to any of the following questions, you must provide complete details on the reverse side of this form.**

- |  |  |
|--|--|
| Have you ever had a permit or license to carry denied in this or any other state?                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been convicted of a felony, in this or any other state, which has not been annulled?                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you an unlawful user of or addicted to any controlled substance?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been convicted of a misdemeanor involving drugs or violence?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental institution? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been convicted in any court of a misdemeanor crime of domestic violence?                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**REQUIRED: For what reason(s) do you make application to carry a pistol in New Hampshire? (see reverse side)**

Name and **Complete** Mailing Address of three (3) references:

1. _____	2. _____	3. _____
(NAME)	(NAME)	(NAME)
_____	_____	_____
(ADDRESS)	(ADDRESS)	(ADDRESS)
_____	_____	_____

### SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be just cause for refusal of any application of any license issued under the provisions of RSA:159 and is punishable under RSA 641:3.

- I understand that any information I give may be investigated as allowed by law.
- I consent to the release of information about my ability and fitness to carry a pistol/revolver by employers, schools, medical/psychiatric services, law enforcement agencies, and other individuals and organizations, to my local police chief, his designee, and/or authorized employees of the State of New Hampshire.
- I certify that, to the best of my knowledge and belief, *all* of my statements are true, correct, complete and made in good faith.

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

<b>OFFICIAL USE ONLY:</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

## NON-RESIDENT APPLICATION INSTRUCTIONS

### ALL LICENSE APPLICANTS PLEASE NOTE:

A non-resident pistol license will not be issued unless you supply:

- 1) **A copy (front & back) of your valid concealed carry license** issued by the state, county, or town in which you reside.

OR IF YOU RESIDE IN A STATE THAT DOES NOT REQUIRE A LICENSE TO CARRY CONCEALED:  
(Pursuant to Saf-C 2102.03)

- 2) A letter from your local police department signed by an authorized representative indicating the following:
  - a) The state does not require a license to carry concealed for residents;
  - b) To the best of the local police department's knowledge, the applicant:
    - i. Is not a drug user of controlled drugs or narcotics without orders from a physician;
    - ii. Has not been treated for mental illness, emotional problems, or confined to a mental health facility;
    - iii. Has no domestic violence petitions that would prevent possession of weapons under federal law; and
    - iv. Has not been arrested or convicted of a misdemeanor domestic violence.

A license to carry a loaded handgun may be issued for PROTECTION or ALL PROPER PURPOSES. One or more of these reasons must be noted on the application, in the space provided for reason(s) for which you make application to carry a pistol in New Hampshire.

### RENEWAL APPLICANTS PLEASE NOTE:

In order to expedite license issuance procedures for those applicants who currently hold a valid NH concealed carry license, and are submitting a renewal application WITHIN 30 DAYS OF EXPIRATION, it will be necessary for the applicant to record on the application form the license number and date of expiration of their handgun license.

Mail to: NH State Police  
Permits and License Unit  
33 Hazen Drive  
Concord, NH 03305

FEE FOR ALL NON-RESIDENT APPLICATIONS: \$100.00 (Four Year Permit)

Make checks payable to: STATE OF N.H. - TREASURER

Applications, NH Law and Administrative Rules governing non-resident Pistol/Revolver Licenses can be found on the State Police website at <http://www.nh.gov/safety/divisions/nhsp/ssb/permitslicensing/plupr.html>