

FIREARM APPLICATION QUESTIONNAIRE

Please answer the questions below by **WRITING YOUR INITIALS** on the line under "yes" or "no."

YES NO

1. Are you a fugitive from justice? [HRS §134-7(a) and 18 U.S.C. §922(g)(2)] _____
2. Are you under indictment or information, or have waived indictment, or bound over to the circuit court, in this State or elsewhere, for a crime punishable by imprisonment for a term exceeding one year? [HRS §134-7(b) and 18 U.S.C. §922(n)] _____
3. Have you been convicted, in this State or elsewhere, of a crime punishable by imprisonment for a term exceeding one year? [HRS §134-7(b) and 18 U.S.C. §922(g)(1)] _____
4. Are you under indictment or information, or have waived indictment, or bound over to the circuit court, in this State or elsewhere, for any crime of violence or for the illegal sale of any drug? [HRS §134-7(b)] _____
5. Have you been convicted, in this State or elsewhere, for any crime of violence or for the illegal sale of any drug? [HRS §134-7(b)] _____
6. Are you or have you been under treatment or counseling for addiction to, abuse of, or dependence upon any dangerous, harmful, or detrimental drug, intoxicating compound, or intoxicating liquor, or controlled substance? [HRS §134-7(c)(1)] _____
If yes, Include name of treating physician: _____
7. Are you an unlawful user of or addicted to any controlled substance? [18 U.S.C. §922(g)(3)] _____
If yes, Include name of treating physician: _____
8. Are you authorized to utilize marijuana for medical purposes? [18 U.S.C. §922(g)(3)] _____
If yes, please provide expiration date of authorization: _____
and the state which issued authorization: _____
9. Have you been acquitted of a crime on the grounds of mental disease, disorder, or defect? [HRS §134-7(c)(2)] _____
If yes, Include name of treating physician: _____
10. Have you been adjudicated as a mental defective or have been committed to any mental institution? [18 U.S.C. §922(g)(4)] _____
If yes, Include name of treating physician: _____
11. Have you been diagnosed as having a behavioral, emotional, or mental disorder(s)? [HRS §134-7(c)(3)] _____
If yes, Include name of treating physician: _____
12. Are you or have you been under treatment for organic brain syndrome(s)? [HRS §134-7(c)(3)] _____
If yes, Include name of treating physician: _____

Please answer the questions below by **WRITING YOUR INITIALS** on the line under “yes” or “no.” YES NO

- 13. Are you an illegal alien or unlawfully in the United States? [18 U.S.C. §922(g)(5)(A)] ___ ___
- 14. Have you been admitted to the United States under a nonimmigrant visa? [18 U.S.C. §922(g)(5)(B)] ___ ___
- 15. Are you less than 25 years old and have been adjudicated by the family court to have committed a felony, two or more crimes of violence, or an illegal sale of any drug? [HRS §134-7(d)] ___ ___
- 16. Have you been discharged from the Armed Forces under dishonorable conditions? [18 U.S.C. §922(g)(6)] ___ ___
- 17. Have you renounced your United States citizenship? [18 U.S.C. §922(g)(7)] ___ ___
- 18. Are you restrained pursuant to an order of any court, including ex parte order, from contacting, threatening, or physically abusing (to also include harassing and stalking) any person? [HRS §134-7(f) and 18 U.S.C. §922(g)(8)(A-B)] ___ ___
- 19. Have you been convicted of a misdemeanor crime of domestic violence? [18 U.S.C. §922(g)(9)] ___ ___

20. EXPLANATION FOR ANY ‘YES’ ANSWERS:

HRS §134-17 Penalties. (a) If any person gives false information or offers false evidence of the person's identity in complying with any of the requirements of this part, that person shall be guilty of a misdemeanor, provided, however that if any person intentionally gives false information or offers false evidence concerning their psychiatric or criminal history in complying with any of the requirements of this part, that person shall be guilty of a class C felony.

***** Do NOT sign until instructed to do so. *****

I declare under penalty of law that the forgoing is true and correct.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF ISSUING AUTHORITY

BADGE/ID NO.

COUNTY OF ISSUING AUTHORITY