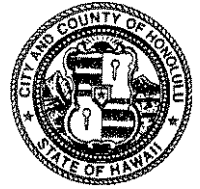




HONOLULU POLICE DEPARTMENT

City and County of Honolulu



APPLICATION FOR A LICENSE TO CARRY FIREARM

ARMED GUARDS/DETECTIVES

The undersigned hereby requests a license to carry a firearm to be utilized in the performance of my official duties as a Detective, Private Detective, Investigator or Guard. I fully understand that I will be authorized to carry the firearm from my place of employment directly to and confined within the area of my assignment, and, at termination of my work, to carry said firearm directly back to my place of employment. It is understood that the License to Carry Firearm expires one year from the date of issuance unless otherwise specified.

It is further understood that termination of my employment as a Detective, Private Detective, Investigator or Guard shall immediately void my License to Carry Firearm, and my license will be returned to the Honolulu Police Department within one week after either the termination of my employment as listed on this application or the expiration of my license, whichever occurs first.

Applicant _____

LAST NAME
FIRST NAME
MIDDLE NAME

Alias/Nickname/Maiden Name _____

Date of Birth _____ Age _____ Sex _____ SSN _____

Height _____ Weight _____ Hair _____ Eyes _____

FEET & INCHES
POUNDS
COLOR
COLOR

Place of Birth _____ Racial Extraction _____

CITY
STATE/COUNTRY

U.S. Citizen YES NO U.S. Passport/Naturalization No. _____

Lawful Permanent Resident YES NO USCIS Number _____

Address _____ Phone _____
(INCLUDE APT./CITY/STATE/ZIP CODE)

Email Address _____

Employer _____ Phone _____

Employer's Address _____ Phone _____
(INCLUDE APT./CITY/STATE/ZIP CODE)

Occupation _____

Government ID YES NO Type of ID _____ ID Number _____

Have you been a resident of Hawai'i for more than five years? YES NO

If no, provide the date on which you became a resident of Hawai'i: _____

In the last five years, have you spent more than 180 consecutive days outside Hawai'i?

YES NO NOT APPLICABLE

If yes, have you provided the required documents as stated in section 15-20 (b) (1) or (2) YES NO

Applicant's Primary Care Physician: _____ I do not have a primary care physician

Physician's Address _____ Phone _____
(INCLUDE APT./CITY/STATE/ZIP CODE)

Provide the following information about your health insurance. If you do not currently have health insurance, provide information about your most recent insurance:

NAME OF PROVIDER (for example, HMSA, KAISER, MED-QUEST) POLICY NUMBER IF KNOWN APPROXIMATE DATES OF COVERAGE

List all firearms for which a License is sought (\$10.00 License fee applies to each firearm):

1. Caliber _____ Manufacturer _____ Serial No. _____ Type _____
(INCLUDE MODEL)

Registered in Hawai'i YES NO Registration Number _____

Completed shooting proficiency test (within the last 90 days): YES NO DATE: _____

Instructor's Name: _____
(INCLUDE BUSINESS NAME IF APPLICABLE)

2. Caliber _____ Manufacturer _____ Serial No. _____ Type _____
(INCLUDE MODEL)

Registered in Hawai'i YES NO Registration Number _____

Completed shooting proficiency test (within the last 90 days): YES NO DATE: _____

Instructor's Name: _____
(INCLUDE BUSINESS NAME IF APPLICABLE)

(ATTACH ADDITIONAL PAGES IF NECESSARY)

1. Completed firearms training or safety course that satisfies Hawaii Revised Statutes § 134-2(g)(4) (any time in the past):

YES NO Date: _____

Instructor's Name _____
(INCLUDE BUSINESS NAME IF APPLICABLE)

2. Completed firearm certification program for License to Carry:

a. Completed lecture (min. 4 hours) for License to Carry (within the last 2 years)

YES NO Date: _____

Instructor's Name _____
(INCLUDE BUSINESS NAME IF APPLICABLE)

b. Completed written examination (scored at least 70%) (within the last 2 years)

YES NO Date: _____

Instructor's Name _____
(INCLUDE BUSINESS NAME IF APPLICABLE)

In the last five years, have you received treatment from a psychiatrist, psychologist, or other mental health care provider, or have you received treatment for substance abuse (alcohol or drugs)? YES NO If yes, please provide a reason for the treatment, names of providers, and approximate dates:

Have you been involved in any incidents of alleged domestic violence within the last ten years? YES NO If yes, please explain: _____

Have you been involved in any incidents of careless handling, storage, or carrying of a firearm within the last ten years? YES NO If yes, please explain: _____

Have you been involved in incidents of alcohol or drug abuse, including but not limited to operating a vehicle under the influence of an intoxicant, within the last ten years? YES NO If yes, please explain: _____

Have you been involved in other violent conduct within the last ten years? YES NO If yes, please explain: _____

Type of License Sought: CONCEALED UNCONCEALED

If applying for licenses for more than one firearm, indicate whether you seek a concealed license, an unconcealed license, or both for each firearm:

Approximate locations, dates, and times where/when firearm will be carried on duty:

Location where firearm will be stored off duty: _____

Employer's Declaration:

The above application is made with my knowledge and approval, and I will notify the Honolulu Police Department when the above applicant terminates employment with me. Furthermore, I understand that I must comply with the Laws of the State of Hawai'i, Hawai'i Administrative Rules and the provisions outlined in Chapter 15 of the Rules of the Chief.

Employer's Name/Title: _____

(INCLUDE BUSINESS NAME IF APPLICABLE)

SIGNATURE OF EMPLOYER

DATE

Applicant's Declaration:

The above application is made with my knowledge and approval. I hereby declare, under penalty of perjury, that all of the information above is true and correct to the best of my knowledge. It is understood that this License expires one year from the date of issue unless otherwise specified. I understand that a License to Carry a Firearm, whether concealed or unconcealed, does not convey upon me any police or law enforcement powers. Furthermore, I understand that I must comply with the Laws of the State of Hawai'i and the provisions outlined in Chapter 15 of the Rules of the Chief.

SIGNATURE OF APPLICANT

DATE

HONOLULU POLICE DEPARTMENT USE

Application and All Documents Completed YES NO

APPLICATION RECEIVED BY (PRINTED NAME/SIGN)

DATE

TIME

INVESTIGATED BY (PRINTED NAME/SIGN)

DATE

TIME

APPLICATION REVIEWED BY (PRINTED NAME/SIGN)

DATE

TIME

Approved Denied

CONCEALED UNCONCEALED

CHIEF OF POLICE

DATE

PHOTO

License Number _____

Date/Time of Issue _____

Expiration Date _____

License Issued by _____

PRINTED NAME

SIGNATURE