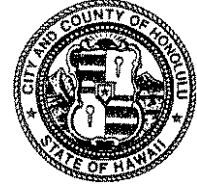




HONOLULU POLICE DEPARTMENT
City and County of Honolulu



APPLICATION FOR A LICENSE TO CARRY UNCONCEALED FIREARM
CIVILIAN/NOT FOR ARMED GUARDS

Applicant LAST NAME FIRST NAME MIDDLE NAME

Alias/Nickname/Maiden Name

Date of Birth Age Sex SSN

Height FEET & INCHES Weight POUNDS Hair COLOR Eyes COLOR

Place of Birth CITY STATE/COUNTRY Racial Extraction

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

Lawful Permanent Resident YES NO USCIS Number

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

Email Address

Employer Phone

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

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 (INCLUDE APT/CITY/STATE/ZIP CODE) Phone

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:

Do you have an urgency or need to carry a firearm that substantially exceeds the needs possessed by ordinary law-abiding citizens? YES NO Please explain (attach additional pages if necessary): _____

Are you engaged in the protection of life and property? YES NO Please explain (attach additional pages if necessary): _____

