

STATE OF HAWAI'I PERMIT TO ACQUIRE FIREARMS APPLICATION

Permit Application Number:

Long Gun Permit to Acquire Pistol/Revolver Permit to Acquire Imported Firearm(s) Use Only Permit

Name: _____
LAST
FIRST
MIDDLE

Alias/Nickname/Maiden name (List ALL): _____

Social Security Number: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Sex: _____ Date of Birth: _____ Place of Birth (City, State): _____

U.S. Citizen: YES NO If "no," Country of Citizenship: _____

Alien or I-94 Admission Number: _____

Residence Address: _____
STREET
CITY
STATE
ZIP

Hawai'i Address: _____ Address Type: Residence

Business
 Sojourn

Email Address: _____

Phone (Home/Cell/Other): _____ Phone (Business): _____

Occupation: _____ Employer: _____ Bus. Address: _____

If firearms are imported, city and state imported from: _____

Date firearms or applicant arrived in Hawai'i (whichever is latest): _____

Permit for motion picture films or television program production ONLY [HRS § 134-2.5(b)]

Applicant name or officer of firm/corporation Business name Type of business engaged

Business address Phone

Full description of the use of firearms or explosives

Name of person(s) using props

An application for a permit to acquire firearms shall require the fingerprinting and photographing of the applicant by the police department of the county of registration; provided that where fingerprints and photograph are already on file with the department, these may be waived. [HRS § 134-2(b)]

CONTINUE TO FIREARM APPLICATION QUESTIONNAIRE

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); 18 U.S.C. § 922(g)(2)] _____ _____

A “fugitive from justice” is any person who has fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceeding. [18 U.S.C. § 921(a)(15)]

2. Have you been convicted, in Hawai‘i or elsewhere, of a crime punishable by more than one year in prison? [HRS § 134-7(b); 18 U.S.C. § 922(g)(1)] _____ _____

3. Have you been convicted of a misdemeanor crime of domestic violence? [18 U.S.C. § 922(g)(9); 18 U.S.C. § 921(a)(33)] _____ _____

4. Have you been arrested or charged (but not yet convicted), in Hawai‘i or elsewhere, for _____ _____

- any felony
- any other crime punishable by more than one year in prison,
- any “crime of violence,”
- the illegal sale of any drug, or
- domestic violence? [HRS § 134-7(b); 18 U.S.C. § 922(n)]

A “crime of violence” means an offense involving injury or threat of injury to the person of another, including but not limited to sexual assault in the fourth degree under HRS § 707-733 and harassment by stalking under HRS § 711-1106.5. [HRS § 134-1]

5. Do you have a court-issued restraining order against you (prohibiting you from contacting, threatening, physically abusing, harassing, and/or stalking another person)? [HRS § 134-7(f); 18 U.S.C. § 922(g)(8)(A-B)] _____ _____

6. If you are less than 25 years old, have you been found by the family court to have committed any of the following: (1) a felony; (2) two or more crimes of violence; or; (3) an illegal sale of any drug? [HRS § 134-7(d)] _____ _____

A “crime of violence” means an offense involving injury or threat of injury to the person of another, including but not limited to sexual assault in the fourth degree under HRS § 707-733 and harassment by stalking under HRS § 711-1106.5. [HRS § 134-1]

7. Are you or have you been under treatment or counseling for addiction to, abuse of, or dependence on alcohol or any harmful or dangerous drugs? [HRS § 134-7(c)(1)] _____ _____

If you answered “yes,” please provide the name and address of your treating physician:

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

8. Do you use any illegal drugs, do you abuse any prescription drugs, or are you addicted to any controlled substance? [18 U.S.C. § 922(g)(3)] _____

9. Are you authorized to use marijuana for medical purposes in Hawai‘i or any other State? [18 U.S.C. § 922(g)(3)] _____

If you answered “yes,” please provide the expiration date of your authorization: _____
and the state that issued the authorization: _____

10. Have you been acquitted of a crime on the grounds of mental disease, disorder, or defect? [HRS § 134-7(c)(2)] _____

If you answered “yes,” please provide the name and address of your treating physician, if any: _____

11. Have you been adjudicated as a mental defective or been committed to any mental institution? [18 U.S.C. § 922(g)(4)] _____

12. Have you been diagnosed as having one or more behavioral, emotional, or mental conditions or disorders? If you answered “yes,” you must complete Appendix A. [HRS § 134-7(c)(3)] _____

A “yes” response to this question will not automatically result in the denial of your application. Additional information is required to allow the issuing authority to determine whether you have “a significant behavioral, emotional, or mental disorder[] as defined by the most current diagnostic manual of the American Psychiatric Association[.]” HRS §134-7(c).

13. Are you or have you been under treatment for organic brain syndrome(s)? [HRS §134-7(c)(3)] _____

An “organic brain syndrome” is “an acute or chronic mental dysfunction (such as Alzheimer’s disease) resulting chiefly from physical changes in brain structure and characterized especially by impaired cognition.” They include “delirium, dementia, amnestic syndrome, organic delusional syndrome, organic hallucinosis, organic affective syndrome and organic personality syndrome.”

If you answered “yes,” please provide the name and address of your treating physician: _____

14. Are you an alien “illegally or unlawfully in the United States”? [18 U.S.C. § 922(g)(5)(A)] _____

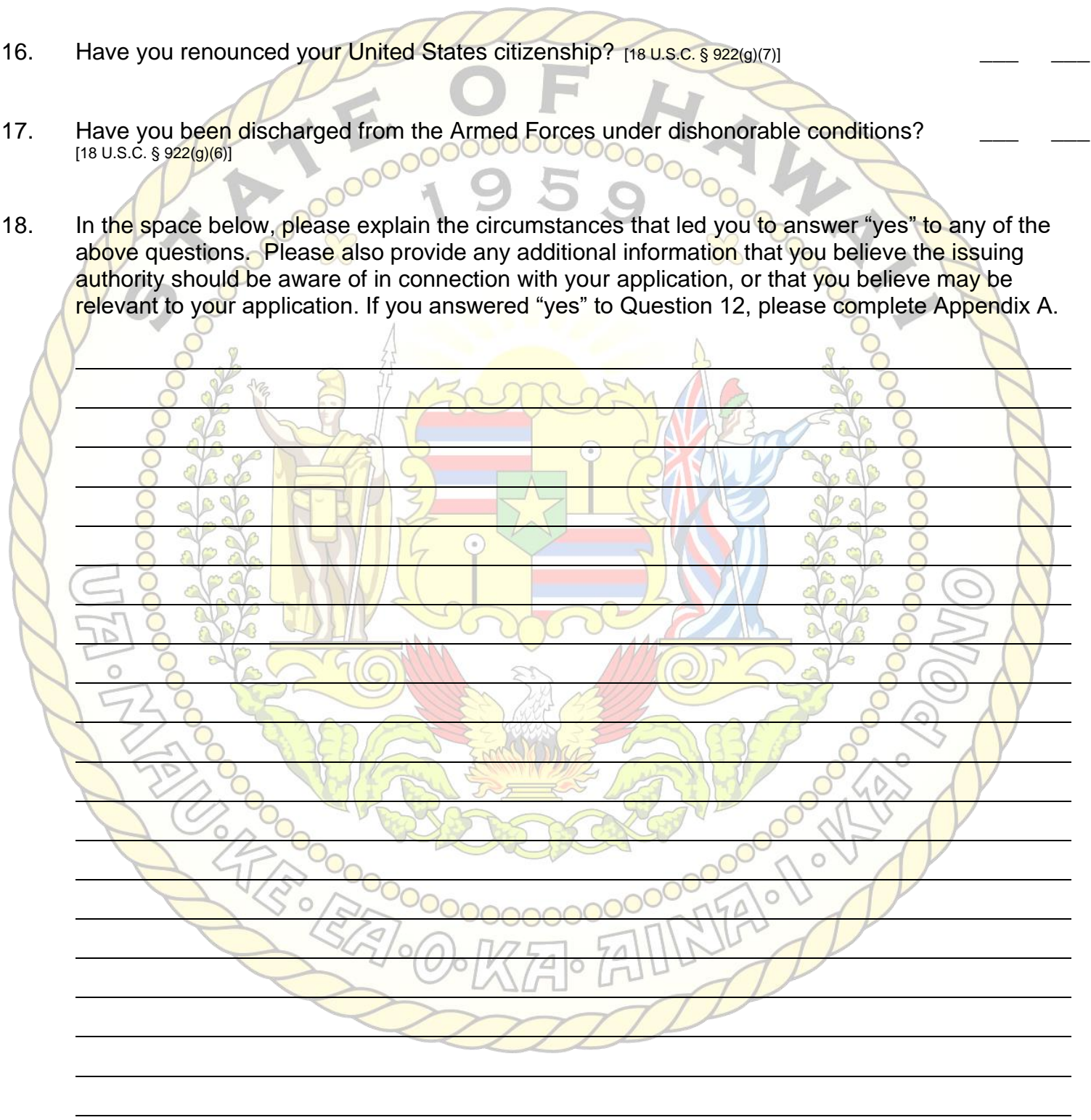
Please answer the questions below by WRITING YOUR INITIALS on the line under “yes” or “no.” YES NO

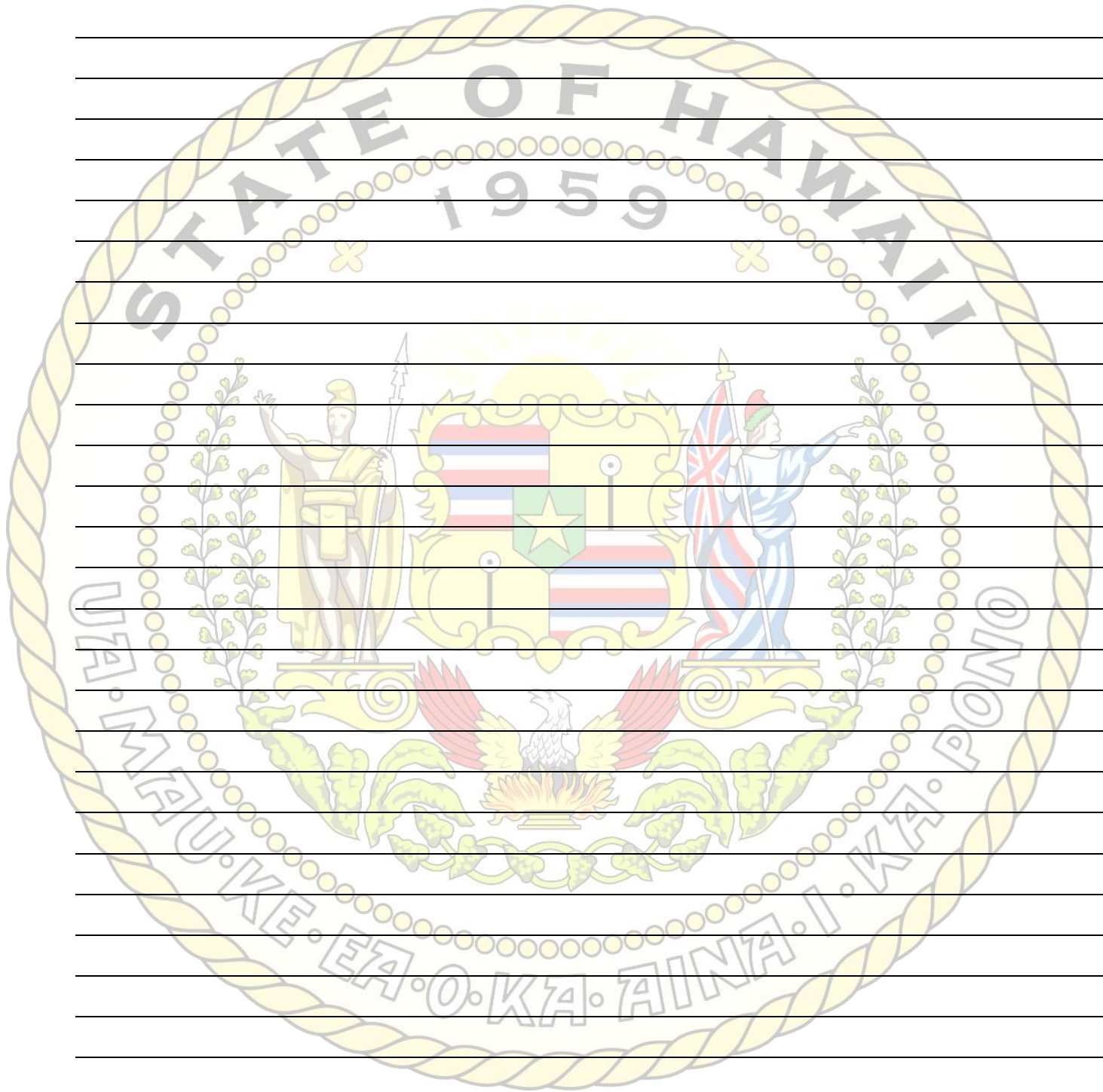
15. Are you currently admitted to the United States under a nonimmigrant visa? [18 U.S.C. § 922(g)(5)(B)] _____

16. Have you renounced your United States citizenship? [18 U.S.C. § 922(g)(7)] _____

17. Have you been discharged from the Armed Forces under dishonorable conditions? [18 U.S.C. § 922(g)(6)] _____

18. In the space below, please explain the circumstances that led you to answer “yes” to any of the above questions. Please also provide any additional information that you believe the issuing authority should be aware of in connection with your application, or that you believe may be relevant to your application. If you answered “yes” to Question 12, please complete Appendix A.





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. *****

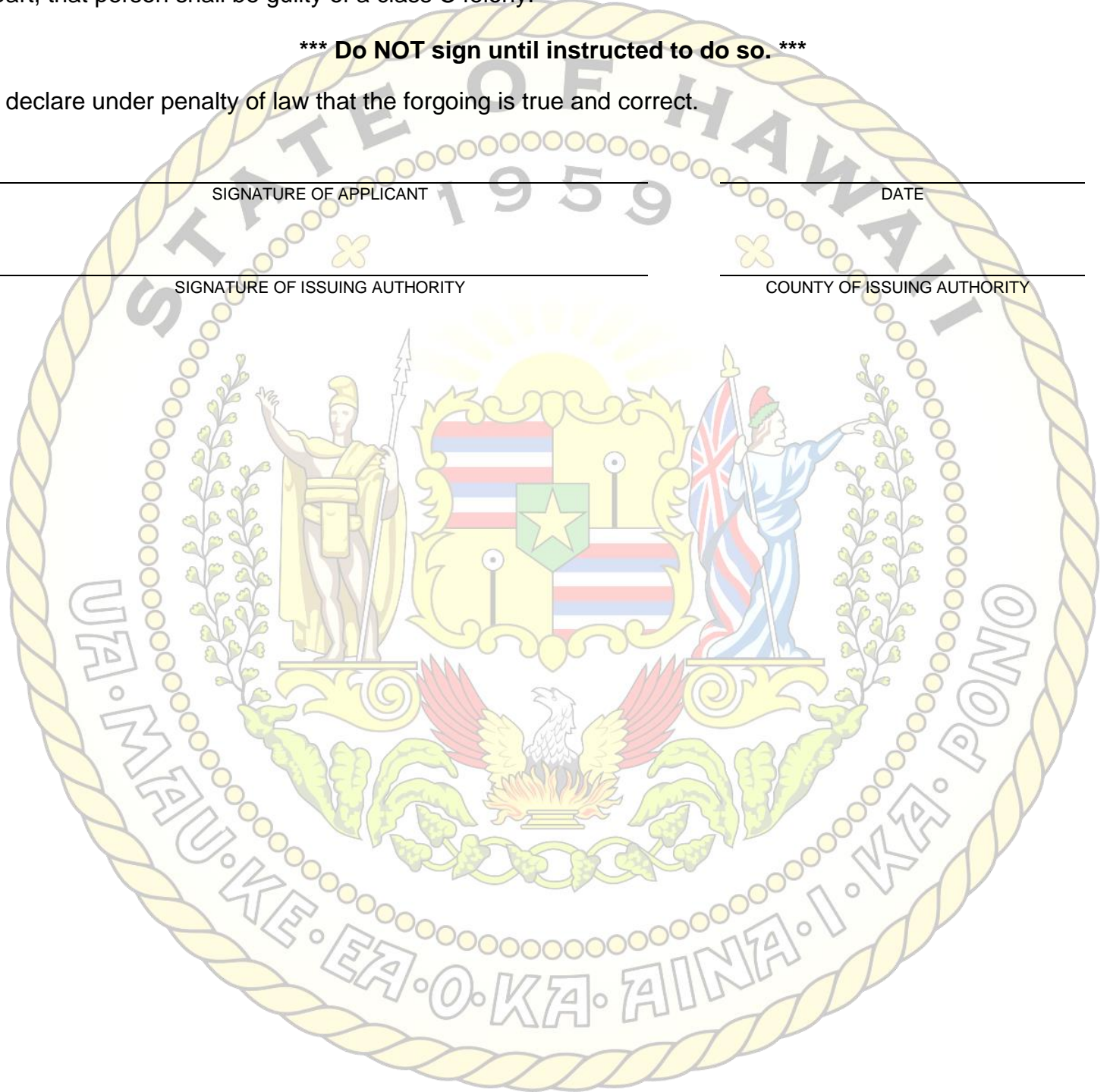
I declare under penalty of law that the forgoing is true and correct.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF ISSUING AUTHORITY

COUNTY OF ISSUING AUTHORITY



APPENDIX A SUPPLEMENTAL QUESTIONNAIRE

You must complete this supplement to the State of Hawai'i Permit to Acquire Firearms Application if you answered "yes" to Question 12, indicating that you have been diagnosed as having one or more behavioral, emotional, or mental disorders. Under Hawai'i law, not every behavioral, emotional, or mental condition or disorder will automatically result in a denial of this application. Additional information is necessary to enable the issuing authority to determine whether you have "a significant behavioral, emotional, or mental disorder[]" as defined by the most current diagnostic manual of the American Psychiatric Association[.]” HRS §134-7(c)(3).

A "significant disorder" is of a type that renders applicants dangerous to themselves or others. But even if there has been a past diagnosis of a significant behavioral, emotional, or mental disorder, an applicant can show that he or she is "no longer adversely affected" by the condition, HRS §134-7(c), which means that the disorder has been controlled and that the applicant no longer presents an unreasonable danger to himself/herself or others.

The following questions are intended to allow the issuing authority to determine whether you meet the relevant statutory criteria to own, possess, or control a firearm and ammunition, and will not be used for any other purpose. Truthful responses will be kept confidential unless disclosure is required or permitted by law.

We recognize the critical importance of mental health, and advocate proactive management of mental health conditions to support wellness and recovery. While most individuals with mental health conditions do not present risks to themselves or others, there may be times when such a condition can affect a person's eligibility to own, possess, or control a firearm or ammunition. Nothing in this supplemental questionnaire is intended to discourage those who might benefit from such treatment from seeking it. Having sought or received mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

1. What behavioral, emotional, or mental conditions or disorders have you been diagnosed with?

2. Approximately when were you diagnosed with each of these conditions or disorders?

3. Please state the name, address, and phone number of any physicians, psychiatrists, psychologists, or therapists from whom you currently receive treatment for the conditions or disorders identified in your response to question 1 of this supplemental questionnaire. If you are not currently receiving treatment, please state the name, address, and phone number of your last treating physician, psychiatrist, psychologist, or therapist.

4. Please state in detail any symptoms you have experienced as a result of the conditions or disorders identified in your response to question 1:

5. Please state in detail any treatment or medications you have received or taken in the previous five (5) years to treat or manage the conditions or disorders identified in your response to question 1:

6. Have you ever attempted suicide? YES NO

7. Have you ever been told that, because of your condition or disorder, you may pose a danger to yourself or others? YES NO

8. Have you been hospitalized for a behavioral, emotional, or mental condition or disorder in the past ten (10) years? YES NO

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.

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