



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 _____ Weight _____ Hair _____ Eyes _____
FEET & INCHES POUNDS COLOR COLOR

Place of Birth _____ Racial Extraction _____
CITY STATE/COUNTRY

U.S. Citizen YES NO If "NO", are you a Lawful Permanent Resident? YES NO

U.S. Passport/Naturalization 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 _____

Are you a resident of Hawai'i? YES NO Hawaii Driver's License Number _____

If no HDL is provided,

1. Proof of residency documentation in Hawaii (document must have first and last name of applicant and Hawaii residential address):

Rental Agreement Utility Bill Pay Stub with Hawaii residential address

Current Hawaii vehicle registration Other _____

2. Other Government ID if no Hawaii Driver's License: Type of ID and Number _____

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 current or most recent health 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:

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

Hawaii Registration Number _____

Date of completed shooting proficiency test (within the last 90 days): _____

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

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

Hawaii Registration Number _____

Date of completed shooting proficiency test (within the last 90 days): _____

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

(ATTACH ADDITIONAL PAGES IF NECESSARY)

1. Completed firearm certification program for License to Carry:

a. Date of completed lecture (minimum 4 hours) for License to Carry (within the last 4 years)

Date: _____

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

b. Date of completed written examination (scored at least 70%) (within the last 4 years)

Date: _____

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

2. Date of completed firearms training or safety course that satisfies Hawaii Revised Statutes § 134-2(g)(2), (g)(3), or (g)(4), within the last four years by a verified instructor:

Date: _____

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

The following questions refer to any involvement in incidents or situations, regardless of a result in conviction or non-conviction status:

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)?

NO YES 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?

NO YES 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?

NO YES 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?

NO YES If yes, please explain:

Have you been involved in other violent conduct within the last ten years?

NO YES 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?

NO YES If yes, please explain (attach additional pages if necessary):

Are you engaged in the protection of life and property?

NO YES If yes, please explain (attach additional pages if necessary):
