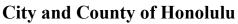


HONOLULU POLICE DEPARTMENT



APPLICATION FOR A LICENSE TO CARRY UNCONCEALED FIREARM

CIVILIAN/NOT FOR ARMED GUARDS

Applicant	LAST NAME	FIRST NAME	MIDDL	E NAME
	aiden Name			
Date of Birth	Age	Sex	SSN	
	WeightPOU			
Place of Birth	CITY STATE/	COUNTRY Racia	l Extraction	
U.S. Citizen □ YE	S \square NO If "NO", are y	ou a Lawful Permanen	t Resident? YES	□NO
U.S. Passport/Natur	ralization No	USCIS	Number	
Address	(INCLUDE APT/CITY/ST	CATE/ZIP CODE)	Phone	
Email Address				
Employer			Phone	
Employer's Addres	S(INCLUDE APT/	CITY/STATE/ZIP CODE)	Phone	
Occupation				
Are you a resident of	of Hawaiʻi? □ YES □ No	O Hawaii Driver's	License Number	
If no HDL is provid	led,			
	idency documentation in H dential address):	Iawaii (document must	have first and last nam	e of applicant and
Rent	al Agreement Utility	Bill □ Pay Stub w	ith Hawaii residential a	ddress □
Curr	ent Hawaii vehicle registra	ation Other		<u> </u>
2. Other Gover	rnment ID if no Hawaii Dr	iver's License: Type of	ID and Number	
Applicant's Primary	y Care Physician:		_ I do not have a pri	mary care physician
Physician's Address	S(INCLUDE APT/	CITY/STATE/ZIP CODE)	Phone	
	ng information about your			
NAME OF PROVIDER (for	example HMSA KAISER MED-OUE	ST) POLICY NUMBER 1	F KNOWN APPROXIMATE	E DATES OF COVERAGE

Li	ist all firearms for which a License is sought:		
1.	Caliber Manufacturer (INCLUDE MODEL)	_ Serial No	Type
	☐ Hawaii Registration Number		
	Date of completed shooting proficiency test (v		
	Instructor's Name:(INCLUDE BU	ISINESS NAME IF APPLIC	ABLE)
	(=		· ,
2.	Caliber Manufacturer (INCLUDE MODEL)	_ Serial No	Type
	☐ Hawaii Registration Number		
	Date of completed shooting proficiency test (v		
	Instructor's Name:(INCLUDE BU	SINESS NAME IF APPLIC	ABLE)
ı			(ATTACH ADDITIONAL PAGES IF NECESSARY
1			
1.	Completed firearm certification program for Licen	•	
	a. Date of completed lecture (minimum 4 hou	urs) for License to	Carry (within the last 4 years)
	Date:		
	Instructor's Name	CLUDE BUSINESS NAME	IF APPLICABLE)
	b. Date of completed written examination (so	cored at least 70%)	(within the last 4 years)
	Date:		
	Instructor's Name	CLUDE BUSINESS NAME	IE APPLICARIES
2.	Date of completed firearms training or safety cours (g)(3), or (g)(4), within the last four years by a veri	se that satisfies Hav	,
	Date:		
	Instructor's Name	CLUDE BUSINESS NAME	IF APPLICABLE)
	he following questions refer to any involvement in in non-conviction status:	ncidents or situatio	ns, regardless of a result in conviction
pr	the last five years, have you received treatment from rovider, or have you received treatment for substance NO YES If yes, please provide a reason for the	e abuse (alcohol or	drugs)?
_			

Have you been involved in any incidents of alleged domestic violence within the last ten years? \Box NO \Box 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 vehicunder 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):

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 four years 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 City and County of Honolulu and State of Hawai'i Laws and the provisions outlined in Title 21, Chapter 15 of the Rules of the Chief.

	SIGNATURE OF A	PPLICANT	DATE
ONOLULU POLICE DEPAR	TMENT USE		
Application and All Documen	nts Completed \Box YES \Box N	Ю	
APPLICATION RECEIVED BY (PRINT	DATE	TIME	
INVESTIGATED BY (PRINTED NAME	DATE	TIME	
APPLICATION REVIEWED BY (PRIN	DATE	TIME	
СНІЕ	EF OF POLICE		DATE
CHIE	EF OF POLICE License Number		DATE
CHIE			DATE
РНОТО	License Number		DATE
	License Number Date/Time of Issue	PRINT	DATE ED NAME