

ARMED GUARDS/DETECTIVES

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
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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)

Please refer to your affidavit for the following information

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:

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 Title 21, 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 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 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