



# APPLICATION FOR A LICENSE TO CARRY UNCONCEALED FIREARM

| Applicant | Name      |            |             |
|-----------|-----------|------------|-------------|
|           | LAST NAME | FIRST NAME | MIDDLE NAME |

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ SSN \_\_\_\_\_

Height \_\_\_\_\_ FEET & INCHES      Weight \_\_\_\_\_ POUNDS      Hair \_\_\_\_\_ COLOR      Eyes \_\_\_\_\_ COLOR

Place of Birth \_\_\_\_\_ Racial Extraction \_\_\_\_\_  
 CITY STATE/COUNTRY

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 \_\_\_\_\_

Hawaii Driver's License Number

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 |
|---------------------------------------------------------|------------------------|-------------------------------|
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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)

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:

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Have you been involved in any incidents of alleged domestic violence within the last ten years?

☐ NO ☐ YES If yes, please explain:

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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:

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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:

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

☐ NO ☐ YES If yes, please explain:

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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):

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Are you engaged in the protection of life and property?

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

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## 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

\_\_\_\_\_  
CHIEF OF POLICE

\_\_\_\_\_  
DATE

PHOTO

License Number

Date/Time of Issue

Expiration Date

License Issued by

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE