



State of New Hampshire

DEPARTMENT OF SAFETY DIVISION OF STATE POLICE



NON-RESIDENT PISTOL/REVOLVER LICENSE

RENEWAL APPLICANTS PLEASE COMPLETE: NH Pistol/Revolver License #: _____ Expires _____

See instructions on back to properly complete this form. Incomplete application will be returned.

FILE #:	Name _____	Date of Application _____
	Mailing Address:	
	Street _____	
	City/Town _____	Driver's License No. _____
	State _____ Zip _____	Social Security No. _____
	Legal Address (if different from above):	Telephone No. _____ (optional)
	_____ (optional)	
	Date of Birth _____	Place of Birth _____ <input type="checkbox"/> Original <input type="checkbox"/> Renewal
	Height _____	Hair _____ Sex _____
	Weight _____	Eyes _____ Race _____

Occupation: _____
 Present Employer: _____
 Employer's Address: _____

If you answer "Yes" to any of the following questions, you must provide complete details on the reverse side of this form.

Have you ever had a permit or license to carry denied in this or any other state? Yes No

Have you ever been convicted of a felony, in this or any other state, which has not been annulled? Yes No

Are you an unlawful user of or addicted to any controlled substance? Yes No

Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental institution? Yes No

Have you ever been convicted in any court of a misdemeanor crime of domestic violence? Yes No

For what reason(s) do you make application to carry a pistol in New Hampshire?

Name and **Complete** Mailing Address of three (3) references:

1. _____	2. _____	3. _____
(NAME)	(NAME)	(NAME)
_____	_____	_____
(ADDRESS)	(ADDRESS)	(ADDRESS)
_____	_____	_____

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be just cause for refusal of any application of any license issued under the provisions of RSA:159 and is punishable under RSA 641:3.

- I understand that any information I give may be investigated as allowed by law.
- I consent to the release of information about my ability and fitness to carry a pistol/revolver by employers, schools, medical/psychiatric services, law enforcement agencies, and other individuals and organizations, to my local police chief, his or her designee, and/or authorized employees of the State of New Hampshire.
- I certify that, to the best of my knowledge and belief, *all* of my statements are true, correct, complete and made in good faith.

SIGNATURE OF APPLICANT: _____ **Date** _____

OFFICIAL USE ONLY:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

NON-RESIDENT APPLICATION INSTRUCTIONS

ALL LICENSE APPLICANTS PLEASE NOTE:

A license to carry a loaded handgun may be issued for PROTECTION or ALL PROPER PURPOSES. One or more of these reasons must be noted on the application, in the space provided for reason(s) for which you make application to carry a pistol in New Hampshire.

RENEWAL APPLICANTS PLEASE NOTE:

In order to expedite license issuance procedures for those applicants who currently hold a valid NH concealed carry license, and are submitting a renewal application WITHIN 30 DAYS OF EXPIRATION, it will be necessary for the applicant to record on the application form the license number and date of expiration of their handgun license.

Mail to: NH State Police
Permits and License Unit
33 Hazen Drive
Concord, NH 03305

FEE FOR ALL NON-RESIDENT APPLICATIONS: \$100.00 (Five Year Permit)

Make checks payable to: STATE OF N.H. - TREASURER

Applications, NH Law and Administrative Rules governing non-resident Pistol/Revolver Licenses can be found on the State Police website at <http://www.nh.gov/safety/divisions/nhsp/ssb/permitslicensing/plupr.html>