



STATE OF NEW HAMPSHIRE  
APPLICATION FOR  
**NON-RESIDENT PISTOL / REVOLVER LICENSE**

\*RENEWAL APPLICANTS PLEASE COMPLETE

NH pistol/revolver lic. no.: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

SEE INSTRUCTIONS ON BACK

FILE #:	Name _____	Date of Application _____
	Street _____	Home-State Permit No. _____
	City/Town _____	Driver's License No. _____
	State _____ Zip _____	Social Security No. _____ (optional)
	Legal Address (If different from above) _____	
	Date of Birth _____	<input type="checkbox"/> Original
	Place of Birth _____	<input type="checkbox"/> Renewal
	Height _____ Hair _____ Sex _____	<input type="checkbox"/> Record Check
	Weight _____ Eyes _____ Race _____	<input type="checkbox"/> Fee Received
	Occupation _____ Present Employer _____	
Employer's Address _____		
Previous Employer _____		
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 license to carry denied in this or any other state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony, in this or any other state, which has not been annulled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an unlawful user of or addicted to any controlled substance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted in any court of a misdemeanor of domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Name and 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 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 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.

<b>X</b>	SIGNATURE OF APPLICANT
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Approved \_\_\_\_\_

Date \_\_\_\_\_

**\*\* NON-RESIDENT APPLICATION INSTRUCTIONS \*\***

\* ALL LICENSE APPLICANTS - - PLEASE NOTE:

A non-resident pistol permit will not be issued unless you supply:

- 1) A copy (front & back) of your valid concealed carry permit issued by the state, county, or town in which you reside, or a valid concealed permit issued by any other state.

**OR IF YOU ARE A VERMONT RESIDENT:**

- 2) A letter from your local police department, verifying that the state you reside in does not require a license to carry concealed, and that, to the best of the departments' knowledge:
  - a) You have never been denied a license to carry,
  - b) You have never been convicted of a felony which has not been Annulled,
  - c) You are not a user of controlled drugs or narcotics without orders from a physician,
  - d) You have not been treated for mental illness, emotional problems, or confined to a mental health facility,
  - e) You have no domestic violence petitions that would prevent possession of weapons under federal statute, and
  - f) In any court of a misdemeanor of domestic violence.

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) you make application to carry a pistol in New Hampshire.

\*In addition: RENEWAL APPLICANTS - - PLEASE NOTE:

In order to expedite license issuance procedures for those applicants who currently hold a valid NH handgun 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 (Four Year Permit)

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