**WISCASSET POLICE DEPARTMENT**

**51 Bath Road, Wiscasset, ME 04578**

**PHONE: (207) 882-8202 FAX: (207) 882-8203**

**EMAIL:** **patrol@wiscassetpd.org**

 ***Troy A. Cline Kathy Williams***

 Chief of Police Sergeant

 **TO THE RESIDENT APPLICANT:**

 Please review the copy of the booklet “Laws Relating to permits to Carry Concealed Handguns.”

 Please complete and return this entire package with the following items:

* Application for a Permit to Carry Concealed Handguns
* Authority and Authorization to Release Information forms must **BOTH** be filled out completely by the

 applicant whether applying for the first time or renewing. Return these forms with the application to the Wiscasset Police Department.

* + Fee of $35.00 for **NEW** applicants:
* If your permit expired over 6 months ago, you are considered a **NEW** applicant and must pay the $35.00 fee **(Make check payable to: Town of Wiscasset)** – you are also required to submit your supporting documents again; eg: Birth Certificate (BC), Hand Gun Safety Certificate (HGS);
* A fee of $20.00 is required if you are a valid **RENEWAL** applicant (your permit is NOT more than 6 months expired, you have NOT changed your address more than 30 days prior without notifying the Issuing Authority);
* A fee of $2.00 is required if you are requesting a DUPLICATE permit, a CHANGE OF ADDRESS or CHANGE OF NAME permit;
* If you moved over 30 days prior without notifying us, not only are you a **NEW** applicant, your current permit is also invalid – you are prohibited from carrying a concealed handgun;
	+ If you hold a State of Maine issued permit from another Issuing Authority in Maine, include a complete copy of that permit with your application.
	+ If you are or were a member of the Armed Forces of the United States of America, a copy of your DD214 serves as proof of knowledge of handgun safety. You must have served long enough to complete basic

 firearms training. You also may NOT have a Dishonorable discharge from the Service.

* (2) passport quality **photographs of yourself**: color, approximately 2” x 2”, head-shot, no hat and no sunglasses, looking straight at the camera; this is **required with NEW and RENEW applications**.
* **NEW Applicants:** A copy of your Birth Certificate (BC) or INS document.
* **NEW Applicants:** A copy of a certificate which has been **issued within the past 5 years** that shows Proof of Knowledge of Handgun Safety (HGS).

If you have NOT been issued a permit from the Wiscasset Police Department in the past, we will need your supporting documents – even if you are a valid renewal (you have current, valid permit issued from another Issuing Authority in Maine).

**SEND COMPLETED MATERIALS TO THE WISCASSET POLICE DEPARTMENT ADDRESS SHOWN ABOVE.**

 **IT WILL TAKE APPROXIMATELY THIRTY (30) DAYS TO PROCESS YOUR APPLICAION.**

**MAKE CHECK PAYABLE TO: TOWN OF WISCASSET**

|  |  |
| --- | --- |
|  **TOWN OF WISCASSET** **APPLICATION FOR PERMIT TO** **CARRY CONCEALED FIREARMS** **(RESIDENT)** **□ NEW ($35.00) □ RENEWAL ($20.00)** **□ CHANGE OF ADDRESS/DUPLICATE ($2.00)** | **FOR OFFICE USE ONLY**SSI: \_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_SBI: \_\_\_\_\_\_\_\_\_\_\_ PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_\_RPC: \_\_\_\_\_\_\_\_\_\_ APPROVED \_\_\_ DENIED \_\_\_\_\_DDPC: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FULL NAME (First, Middle, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PREVIOUS LEGAL NAMES, IF ANY (List month and year each name was given/assumed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALIASES, IF ANY (List year(s) used): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BIRTHDATE** | **BIRTH PLACE** | **CITIZEN (Y/N)** | **EYE COLOR** | **HAIR COLOR** | **HT** | **WT** | **SEX** | **RACE** |

**Cell: Home: Work:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS (If different than legal residence) CITY OR TOWN, STATE, ZIP CODE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FULL CURRENT RESIDENCE ADDRESS, CITY OR TOWN, STATE, ZIP CODE**

**(Street of Road Name, NOT PO Box)**

**LIST OF ALL ADDRESSES AT WHICH YOU HAVE LIVED AT ANY TIME DURING THE PAST FIVE (5) YEARS**

**(Street or Road, City/Town, State, Zip, Dates of Residence)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST OF PRVIOUSLY ISSUED PERMITS TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR ANY OTHER JURISDICTION. (For each permit previously issued, please identify the issuing authority (i.e. Massachusetts State Police, Portland PD, Town of Shapleigh, Selectmen)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST OF PREVIOUS REFUSALS TO ISSUE PERMIT TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION.**

**(For each refusal, please identify the agency that refused to issue the permit, and the date of refusal.)**

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**LIST OF PREVIOUS REVOCATIONS OR SUSPENSIONS OF FIREARMS PERMITS OR PERMITS TO CARRY CONCEALED FIREARMS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. (For each revocation, please identify the agency or authority that revoked the permit and the date it was revoked or suspended.)**

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**CIRCLE THE APPROPRIATE ANSWER AFTER EACH QUESITON**

1. **Are you less than eighteen (18) years of age?----------------------------------------------------------------- YES NO**
2. **Is there a formal charging instrument now pending against you in this State for a crime**

**under the laws of this State that is punishable by imprisonment for a term of one year or more?- YES NO**

1. **Is there a formal charge instrument now pending against you in any federal court for a**

**crime under the laws of the United States that is punishable by imprisonment for a term**

**exceeding one year?----------------------------------------------------------------------------------------------- YES NO**

1. **Is there a formal charging instrument now pending against you in another state for a crime**

**that, under the laws of that state, is punishable by imprisonment for a term exceeding one**

**year?------------------------------------------------------------------------------------------------------------------ YES NO**

1. **If your answer to question (d) is “yes”, is that charged crime classified under the laws of**

**that state as a misdemeanor punishable by a term of imprisonment of two (2) years or less?---- YES NO**

1. **Is there a formal charging instrument pending against you in another state for a crime**

**punishable in that state by a term of imprisonment of two (2) years of less and classified by**

**that state as a misdemeanor, but that is substantially similar to a crime under the laws of this**

**State is punishable by imprisonment for a term of one year or more? -------------------------------- YES NO**

1. **Is there a formal charging instrument now pending against you under the laws of the**

**United States, this State or any other state or the Passamaquoddy Tribe or Penobscot Nation**

**in a proceeding in which the prosecuting authority has pleaded that you committed the crime**

**with the use of a firearm against a person or with the use of a dangerous weapon as defined in**

**17-A MRSA § 2 (9) (A)? ------------------------------------------------------------------------------------------ YES NO**

1. **Is there a formal charging instrument now pending against you in this or any other**

**jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described**

**in question (b), (c), (d) or (f) and involves bodily injury or threatened bodily injury against**

**another person? --------------------------------------------------------------------------------------------------- YES NO**

1. **Is there a formal charging instrument now pending against you in this or any other**

**jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described**

**in question (g)? ---------------------------------------------------------------------------------------------------- YES NO**

1. **Is there a formal charging instrument now pending against you in this or any other**

**jurisdiction for a juvenile offense that, if committed by an adult, would be a crime**

**described in question (b), (c), (d) or (f), but does not involve bodily injury or threatened**

**bodily injury against another person? ----------------------------------------------------------------------- YES NO**

1. **Have you ever been convicted of committing or found not criminally responsible by reason**

**of insanity or mental disease or defect of committing a crime described in question (b), (c),**

**(f) or (g)? ------------------------------------------------------------------------------------------------------------ YES NO**

1. **Have you ever been convicted of committing or found not criminally responsible by reason**

**of insanity or mental disease or defect of committing a crime described in question (d)? --------- YES NO**

1. **If your answer to question (l) is “yes”, was that crime classified under the laws of that state**

**as a misdemeanor punishable by a term of imprisonment of 2 years or less? ------------------------ YES NO**

1. **Have you ever been adjudicated as having committed a juvenile offense described in**

**question (h) or (i)? ----------------------------------------------------------------------------------------------- YES NO**

1. **Have you ever been adjudicated as having committed a juvenile offense described in**

**question (j)? ------------------------------------------------------------------------------------------------------- YES NO**

1. **Are you currently subject to an order of a Maine court or an order of a court of the**

**United States or another state, territory, commonwealth or tribe that restrains you**

**from harassing, stalking or threatening your intimate partner, as defined in 18 United**

**States Code, Section 921(a), or a child of your intimate partner, or from engaging in other**

**conduct that would place your intimate partner in reasonable fear of bodily injury to that**

**intimate partner of the child? --------------------------------------------------------------------------------- YES NO**

1. **Are you a fugitive from justice? ------------------------------------------------------------------------------ YES NO**
2. **Are you a drug abuser, drug addict or drug dependent person? --------------------------------------- YES NO**
3. **Do you have a mental disorder that causes you to be potentially dangerous to yourself or**

**others? ------------------------------------------------------------------------------------------------------------- YES NO**

1. **Have you been adjudicated to be an incapacitated person pursuant to Title 18-A, Article V,**

**Parts 3 and 4, and not had that designation removed by an order under Title 18-A, MRSA §**

**5-307 (b)? (Termination of incapacity, Probate Court; protection of persons under disability**

**and their property.) --------------------------------------------------------------------------------------------- YES NO**

1. **Have you been dishonorably discharged from the military forces with the past five (5)**

**years? -------------------------------------------------------------------------------------------------------------- YES NO**

1. **Are you an illegal alien? --------------------------------------------------------------------------------------- YES NO**
2. **Have you been convicted in a Maine court of a violation of 17-A MRSA § 1057**

**(Possession of a Handgun in an establishment licensed for on-premises consumption of**

**liquor) within the past five (5) years? ----------------------------------------------------------------------- YES NO**

1. **Have you been adjudicated in a Maine court within the past five (5) years as having**

**committed a juvenile offense involving conduct that, if committed by an adult, would be**

**a violation of 17-A MRSA § 1057 (criminal possession of a Handgun in an establishment**

**licensed for on-premises consumption of liquor)? -------------------------------------------------------- YES NO**

1. **To your knowledge, have you been the subject of an investigation by any law**

**enforcement agency with the last five (5) years regarding the alleged abuse by you of**

**family or household members? ------------------------------------------------------------------------------- YES NO**

1. **Have you been convicted in any jurisdiction with the past five (5) years of three (3) or more**

**Crimes punishable by a term of imprisonment of less than one (1) year or of crimes**

**Classified under the laws of a state as a misdemeanor and punishable by a term of**

**Imprisonment of two (2) years or less? --------------------------------------------------------------------- YES NO**

1. **Have you been adjudicated in any jurisdiction with the past five (5) years to have**

**committed three (3) or more juvenile offenses described in question (o)? ------------------------ YES NO**

1. **To your knowledge, have you engaged with the past five (5) years in reckless or**

**Negligent conduct [as defined in 25 MRSA § 2002(11)] that has been the subject of an**

**investigation by a governmental entity? ----------------------------------------------------------------- YES NO**

1. **Have you been convicted in a Maine court within the past five (5) years of any 17-A MRSA,**

**Chapter 45 drug crime? ------------------------------------------------------------------------------------- YES NO**

1. **Have you been adjudicated in a Maine court within the past five (5) years as having**

**committed a juvenile offense involving conduct that, if committed by an adult, would**

**have been a violation of 17-A MRSA Chapter 45? (Drug offenses) ------------------------------- YES NO**

1. **Have you been adjudged in a Maine court to have committed the civil violation of**

**Possession of a useable amount of marijuana, butyl nitrite or isobutyl nitrite in violation**

**of 22 MRSA § 2383 within the past five (5) years? ---------------------------------------------------- YES NO**

1. **Have you been adjudicated in a Maine court within the past five (5) years as having**

**committed the juvenile crime defined in 15 MRSA § 3103 (1) (B) of possession of a**

**useable amount of marijuana, as provided in 22 MRSA § 2383? ----------------------------------- YES NO**

**READ THE FOLOWING CAREFULLY BEFORE SIGNING THE APPLICATION**

**BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT YOU:**

1. **Certify that the statements you have made on this application, and any documents you make a part of this application, are true and correct.**

**A-1. Certify that you understand that a “yes” answer to question (l) of (o) above is cause for refusal unless you are authorized to possess a firearm under 15 MRSA § 393.**

**A-2. Certify that you understand that a “yes” answer to question (p) is cause for refusal if the order of the court meets the preconditions contained in 15 MRSA § 393 (1) (D). If the order of the court does not meet the preconditions, the conduct underlying the order may be used by the issuing authority, along with other information, in judging good moral character under 25 MRSA § 2003 (4).**

1. **Certify that you understand that a “yes” answer to question number (a), (k), (n) or any of the questions numbered (q) through (x) above is cause for refusal.**

**B-1. Certify that you understand that a “yes” answer to one or more of the questions numbered (b) through (j), (m), (y), (z) or (aa) to (ff) above will be used by this issuing authority, along with other information, in judging good moral character under 25 MRSA § 2003 (4).**

1. **Certify that you will, that at the request of this issuing authority, take whatever action is required of you by law to allow this issuing authority to obtain from the Maine Department of Health and Human Services (limited to records of patient committals to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center), the courts, law enforcement agencies, the military, the United States Citizenship and Immigration Services, and any prior issuing authority in this State or any other jurisdiction with which you have been involved, information relevant to the following:**
2. **The determination as to whether the information supplied on the application or any documents made a part of the application is true and correct;**
3. **The determination as to whether each of the additional requirements of 25 MRSA § 2003 has been met;**
4. **The determination as to whether, if you are currently a permit holder, such permit must be revoked under 25 MRSA § 2005; and**
5. **The determination as to whether, if you are otherwise eligible and reapplying following an earlier revocation of a permit, you are eligible to do so under 25 MRSA § 2005 or 17-A MRSA § 1057**
6. **Certify that you understand that if fingerprints are required by this issuing authority in order to resolve any questions as to your identity, you will submit to being fingerprinted.**
7. **Certify that you understand that if a photograph is an integral part of the permit to carry concealed Handguns adopted by this issuing authority, you will submit to being photographed for that purpose.**
8. **Certify that you understand that you must demonstrate to this issuing authority a knowledge of handgun safety as required by 25 MRSA § 2003 (1) (E) (5), unless you demonstrate that you are exempted under that same statute.**
9. **Certify that you have received a copy of the pamphlet entitled “LAWS RELATING TO PERMITS TO CARRY CONCEALED FIREARMS” (2014 edition).**
10. **I understand that any false statements I make in this application or documents I make a part of this application may result in criminal prosecution pursuant to 25 MRSA § 2004 (l) and/or 17-A MRSA § 453, Unsworn Falsification.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Signature as Applicant Date**

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY**

**AND THE APPLICATION FEE ($35 FOR ORIGINAL**

**APPLICATION, $20 FOR A RENEWAL APPLICATION,**

**OR $2.00 FOR CHANGE OF ADDRESS)**

**MUST ACCOMPANY THIS APPLICATION OR**

**THE APPLICATION WILL BE RETURNED.**

**AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE**

**PURPOSE OF EVALUATING INFORMATION SUPPLIED ON MY APPLICATION FOR A**

**CONCEALED FIREARMS PERMIT UNDER 25 MRSA, CHAPTER 252.**

**TO ALL LAW ENFORCMENT AGENCIES, INCLUDING COURTS, BOTH WIHTIN AND WITHOUT THE STATE OF MAINE:**

**I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession or control concerning me pertaining to the following:**

1. **Conviction data;**
2. **Any criminal matter in which a formal charging instrument is now pending;**
3. **Adjudication data relating to any juvenile offenses which involves conduct which, if committed by an adult, would be a crime;**
4. **Any juvenile matter in which a formal charging instrument is now pending involving any juvenile offense described in (3) above;**
5. **Fugitive from justice status;**
6. **Incidents of abuse of family or household members within the past five (5) years;**
7. **Drug abuse, drug addiction or drug dependency;**
8. **Adjudication as an incapacitated person;**
9. **Any mental disorder that causes me to be potentially dangerous to myself or others;**
10. **Reckless or negligent conduct as defined by 25 MRSA § 2002 (11) within the past five (5) years;**
11. **Information of record indicating that I have been convicted of or adjudicated as having committed a violation of 17-A MRSA, Chapter 45 or Title 22, Section 2383, or adjudicated as having committed a juvenile crime that is a violation of 22 MRSA, Section 2383 or a juvenile crime that would be defined as a criminal violation under 17-A MRSA, Chapter 45 if committed by an adult; and**
12. **Whether I am currently subject to an order of a Maine court or an order of a court of the United States or another state, territory, commonwealth or tribe that restrains me from harassing, stalking or threatening an intimate partner, as defined in 18 United States Code, Section 921 (a), or a child of an intimate partner, or from engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the intimate partner or the child.**

**TO ALL PRIOR ISSUING AUTHORITIES, BOTH WITHIN AND WITHOUT THE STATE OF MAINE:**

**I hereby authorize and direct you to release to the issuing authority or its representative any information of record in your possession or control concerning me pertaining to any previous issuances or refusals to issue and revocations of a permit to carry concealed firearms or other concealed weapons.**

**AUTHORIZATION TO RELEASE INFORMATION**

**TO ALL MILITARY FORCES, BOTH STATE AND FEDERAL:**

**I hereby authorize and direct you to release to the issuing authority named below or its representative any information in your possession or control concerning me pertaining to a dishonorable discharge from the military forces within the past five (5) years.**

**TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES:**

**I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession or control concerning me pertaining to being an illegal alien.**

**TO ALL ABOVE-ADDRESSED GOVERMENTAL ENTITIES:**

**I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession of control concerning me pertaining to the following:**

1. **My full name;**
2. **My full current address and address for the prior five (5) years;**
3. **The date and place of my birth and my physical description;**
4. **My signature.**

|  |  |
| --- | --- |
| **APPLICANT’S FULL NAME:****(Typed or printed)** | **DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** |
| **APPLICANT’S FULL NAME:****(Signature)** |  |
| **APPLICATN’S DATE OF BIRTH:** |  |

|  |  |
| --- | --- |
| **APPLICANT’S MAILING ADDRESS:** |  |
| **APPLICANT’S TELEPHONE NUMBER:** |  |

**Town of Wiscasset Chief Troy A. Cline**

**NAME OF ISSUING NAME OF REPRESENTATIVE**

**AUTHORITY OF ISSUING AUTHORITY**

**INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL TO THE EXTENT PROVIDED BY 25 MRSA § 2006 AND MAY NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION OR COPYING BY THE ISSUING AUTHORITY UNLESS THE CONFIDENTIALITY IS WAIVED BY THIS APPLICANT BY WRITTEN NOTICE TO THE ISSUING AUTHORITY.**

**THIS ORIGINAL RELEASE, AND ANY COPIES, ARE VALID FOR A PERIOD OF FOUR (4) MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.**

**AUTHURIZATION TO PSYCHIATRIC FACILITY TO RELEASE INFORMATION**

**FOR THE PURPOSE OF APPLYING FOR A CONCEALED FIREARM PERMIT**

**PRINT LEGIBLY OR TYPE**

**NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALIAS AND/OR PRIOR NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pursuant to 25 MRSA §2003 (1) (E) (1), I authorize the **Riverview Psychiatric Center** and the **Dorothea Dix Psychiatric Center** of the Department of Health and Human Services to disclose any record of whether I have ever been committed to the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center to the issuing authority:

Issuing Authority (Individual): **Chief Troy A. Cline**

Issuing Authority (Organization): **Wiscasset Police Department**

Mailing Address: **51 Bath Road, Wiscasset, Maine 04578**

Issuing Authority Fax #:  **207-882-8203**

Issuing Authority Phone #: **207-882-8202**

(To verify receipt of FAX)

**I understand that the information requested is protected by law and cannot be released without my written permission, unless otherwise specifically permitted by law. I understand that I have the right to review information and material prior to its release. I understand I have the right to revoke this authorization in writing at any time by contacting the issuing authority identified above. I understand that my refusal to sign this release will cause my application for a concealed firearms permit to be rejected. I understand that if the issuing authority receives an affirmative response to its inquiry, I may be asked to authorize the release of additional information to determine my eligibility for a concealed firearms permit. Information disclosed to the issuing authority pursuant to this release is confidential pursuant to 25 M.R.S § 2006.**

**This authorization is effective for six months following the date of my signature.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature Date**

**---------------------------------------------------------------------------------------------------------------------------------------------------**

**APPLICANT: DO NOT SEND THIS FORM TO THE HOSPITAL. YOU MUST RETURN THIS FORM TO THE ISSUING AUTHORITY IDENTIFIED ABOVE WITH YOUR PERMIT APPLICATION, OR YOUR APPLICATION MAY NOT BE PROCESSED.**

**---------------------------------------------------------------------------------------------------------------------------------------------------**

ISSUING AUTHORITY: Send completed form (or a copy) to Riverview Psychiatric Center (RPC) AND to Dorothea Dix Psychiatric Center (DDPC) by **one** of the following means:

1. Scan form and send via **e-mail to:** **RiverviewMedicalRecords@maine.gov** **AND**

**DorotheaDixMedicalRecords@maine.gov***OR*

1. **Fax** form to: RPC: (207) 287-7127 *AND* DDPC: (207) 941-4029 *OR*
2. **Mail** the form, with a self-addressed stamped envelope to: Riverview Psychiatric Center, 250 Arsenal St.,

Augusta, ME 04330, Attn. Health Information; AND Dorothea Dix Psychiatric Center, PO Box 926, Bangor, ME 04401, Attn. Medical Records.

NOTICE TO ISSUING AUTHORITY: The RPC and DDPC will respond in the same manner in which you forward this form. However, if you fax the form, you must provide your telephone number so that the institution can verify your receipt of the return fax.

AG Form6: Revised June 17, 2013

All previous versions of this form are obsolete.