

HAWAII POLICE DEPARTMENT

APPLICATION FOR LICENSE TO CARRY FIREARMS AND WEAPONS

APPLICANT'S NAME: _____ (Last) (First) (Middle)

ADDRESS: _____ (Number) (Street) (City) (State)

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ SOC. SEC NO. _____

PLACE OF BIRTH: _____ (City) (State or Country)

HEIGHT: _____ (Ft. & In) WEIGHT: _____ (Lbs.) EYES: _____ (Color) HAIR: _____ (Color)

U.S. CITIZENSHIP: [] YES [] NO [] BY BIRTH [] BY NATURALIZATION (If by naturalization, give citizenship certificate number: _____)

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____ (Number) (Street) (City) (State)

PHONE: _____ POSITION: _____

PREVIOUS MILITARY SERVICE: [] YES [] NO BRANCH: _____

TYPE OF DISCHARGE: [] HONORABLE [] OTHER (Specify): _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME? (Include petty misdemeanor, misdemeanor, felony or major traffic offenses) [] YES [] NO (If yes, explain.)

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME? (Include petty misdemeanor, misdemeanor, felony or major traffic offenses) [] YES [] NO (If yes, explain.)

Application For License To Carry Firearms And Weapons

ARE YOU NOW OR HAVE YOU EVER BEEN UNDER TREATMENT FOR ADDICTION TO ANY DANGEROUS, HARMFUL, OR DETRIMENTAL DRUG, INTOXICATING COMPOUND OR INTOXICATING LIQUOR? (Defined in Sec. 712-1240 HRS) []YES []NO (If yes, explain.)

ARE YOU NOW OR HAVE YOU EVER BEEN UNDER TREATMENT FOR SIGNIFICANT BEHAVIORAL, EMOTIONAL, OR MENTAL DISORDERS OR FOR TREATMENT FOR ORGANIC BRAIN SYNDROME? []YES []NO (If yes, explain.)

HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTE OR PSYCHIATRIC FACILITY? []YES []NO (If yes, explain.)

HAVE YOU EVER BEEN ACQUITTED OF A CRIME ON THE GROUNDS OF MENTAL DISEASE, DISORDER, OR DEFECT? (Defined in Sec. 704-411, HRS) []YES []NO (If yes, explain.)

PURPOSE FOR CARRYING A FIREARM OR WEAPON: (Detailed Explanation)

WEAPONS TO BE CARRIED:

MANUFACTURER: _____ TYPE: _____

CALIBER: _____ FACTORY NUMBER: _____

REGISTERED TO: _____

ADDRESS: _____

WHERE REGISTERED: _____ REGISTRATION NUMBER: _____

Application For License To Carry Firearms And Weapons

WEAPONS TO BE CARRIED (Continued):

MANUFACTURER: _____ TYPE: _____

CALIBER: _____ FACTORY NUMBER: _____

REGISTERED TO: _____

ADDRESS: _____

WHERE REGISTERED: _____ REGISTRATION NUMBER: _____

MANUFACTURER: _____ TYPE: _____

CALIBER: _____ FACTORY NUMBER: _____

REGISTERED TO: _____

ADDRESS: _____

WHERE REGISTERED: _____ REGISTRATION NUMBER: _____

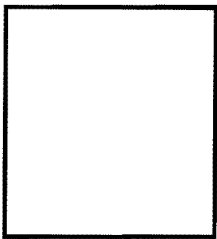
MANUFACTURER: _____ TYPE: _____

CALIBER: _____ FACTORY NUMBER: _____

REGISTERED TO: _____

ADDRESS: _____

WHERE REGISTERED: _____ REGISTRATION NUMBER: _____



APPLICANT'S PHOTOGRAPH

I hereby certify that all statements in this application are true and correct to the best of my knowledge and understand that any misstatements of material facts herein may constitute grounds for the revocation of any license issued on the strength of such facts.

APPLICANT'S SIGNATURE

DATE: _____

DATE: _____
TIME: _____
BY: _____
POLICE DEPARTMENT USE ONLY

EMPLOYER CERTIFICATION

This is to certify that _____ is employed by the below mentioned company as a _____ that the nature of his/her duties require that he/she carry the weapons described herein for the purpose stated, and that the applicant is qualified to use said weapons as required by the rules and regulations of the Police Chief, Governing the Carrying Of Concealed Weapons and the Carrying of Unconcealed Weapons by Private Detectives and Security Guards.

(Signature of Employer Or Representative)

(Printed Name of Employer Or Representative)

(Position/Title)

(Name of Company)

(Company Address)

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, Third Judicial Circuit, State of Hawaii

My Commission Expires: _____

CHIEF'S OFFICE

Firearms proficiency demonstrated on _____, _____.

Examined by: _____ []ACCEPT []REJECT

Special Conditions Governing Permit: _____

[]APPROVED []DISAPPROVED DATE: _____ PERMIT No.: _____

LICENSE FEE (\$10.00) RECEIVED BY: _____ PERMIT EXPIRES: _____

POLICE CHIEF

DATE

**HAWAII POLICE DEPARTMENT
APPLICANT'S WAIVER OF LIABILITY AND RELEASE FORM
FOR APPLICATION FOR LICENSE TO CARRY FIREARMS AND WEAPONS**

In order to permit the Hawaii Police Department, hereafter referred to as the "Department," to make a thorough investigation of my background, family, personal habits, and reputation for the purpose of determining my fitness and suitability for a license to carry a firearm in the County of Hawaii:

I, _____ hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action any and all persons that shall furnish any information or opinions regarding my background, family, personal habits or reputation in order to determine whether I am able to meet the qualifications to carry a firearm in the County of Hawaii.

The undersigned hereby authorizes any person or legal entity who may be contacted by Department officers, employees, or agents to release and transmit to such officers, employees, or agents, any information, data, or opinions they may have regarding my background, family, personal entities contacted by the Department. Further, the undersigned waives for this purpose any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges: attorney-client, clergyman-penitent, husband-wife, creditor-customer, and accountant-client.

The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Department, its officers, its employees, and its agents, for any statements, acts, or omissions in the course of its investigation into my background, family, personal habits, and reputation.

I further realize that it is necessary for the Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for a license to carry a firearm in the County of Hawaii, I expressly waive all of my legal rights and causes of action to the extent that the Hawaii Police Department investigation (for purposes of evaluating my suitability or application to carry a firearm) may violate or infringe upon these aforementioned legal rights and cases of action of mine. I hereby authorize the Department to reproduce this form to be used solely for the purposes of my application for a license to carry a firearm in the County of Hawaii.

This release from liability given by me to the Department, its officers, employees, agents, and all others as heretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and personal representatives.

Applicant's Signature _____

Sworn to before me this _____ day of _____, _____

(Print & Sign)

Notary Public, _____ Circuit

State of _____

My commission expires _____