MAKE CHECK PAYABLE TO: CITY OF AUBURN

STATE OF MAINE

APPLICATION FOR PERMIT TO CARRY CONCEALED HANDGUN

MAINE RESIDENT ☐NEW ($50.00) ☐RENEW ($35.00)

☐ CHANGE OF ADDRESS/ NAME ($2.00) ☐DUPLICATE ($2.00)

FOR OFFICE USE ONLY

CHECK# ----------

LICENSE# _____

DATE: ----------

EXP. DATE IF ISSUED: ----------

FULL NAME:

PRIOR LEGAL NAME(S):

ALIASES:

BIRTHDATE: BIRTHPLACE: CITIZEN: Y N

HEIGHT: FT IN WEIGHT: RACE:

EYE COLOR: HAIR COLOR: SEX: M F

E-MAIL ADDRESS:

CELL PH: HOME PH: WORK PH:

LEGAL PHYSICAL ADDRESS:

LEGAL MAILING ADDRESS:

LIST ALL ADDRESSES YOU HAVE LIVED AT DURING LAST 5 YEARS INCLUDING SEASONAL; MUST LIST MOVE IN AND MOVE OUT DATES;USE ADDITIONAL SHEET OF PAPER IF NEEDED.

	MONTH/YEAR MOVED IN - **MONTH/YEAR MOVED OUT**

PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USED AG FORM 1R REVISED 8/15; 6/18; 8/20; 03/21; 04/21; 01/23; 7/25

Applicant Initials _____

LIST OF PREVIOUSLY ISSUED PERMITS TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR ANY OTHER JURISDICTION. For each permit previously issued, please identify the issuing authority (e.g. Massachusetts State Police; Portland P.D.; Town of Shapleigh, Selectmen) and the date the permit was issued.

LIST OF PREVIOUS REFUSALS TO ISSUE PERMIT TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each refusal of a permit, please identify the agency that refused to issue the permit, and the date of refusal. (Include Explanations)

LIST OF PREVIOUS REVOCATIONS OR SUSPENSIONS OF HANDGUNS PERMITS OR PERMITS TO CARRY CONCEALED HANDGUNS 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 For each revocation, please identify the agency or authority that revoked the permit and the date it was revoked or suspended. (Include Explanations)

CIRCLE APPROPRIATE ANSWER AFTER EACH QUESTION.

a. Are you less than 18 years of age? ---------- YES NO

b. 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

c. Is there a formal charging 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

d. Is there a formal charging instrument now pending against you in another state for a crime that, under the laws of the that state, is punishable by imprisonment for a term exceeding one year? ---------- YES NO

e. 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 2 years or less? ---- YES NO N/A

f. 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 2 years or less and classified by that state as a misdemeanor, but that is substantially similar to a crime that under the laws of this State punishable by imprisonment for a term of one year or more? ---------- YES NO

g. 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 M.R.S.A. § 2 (9) (A)? ---------- YES NO

h. 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

i. 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

j. 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

k. 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

l. 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

m. 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 N/A

n. Have you ever been adjudicated as having committed a juvenile offense described in question (h) or (i)? ---------- YES NO

o. Have you ever been adjudicated as having committed a juvenile offense described in question (j)? ---------- YES NO

p. 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 or the child? ---------- YES NO

q. Are you a fugitive from justice? ---------- YES NO

r. Are you a drug user or a person with substance use disorder? ---------- YES NO

s. Do you have a mental disorder that causes you to be potentially dangerous to yourself or others? ---------- YES NO

t. Do you currently have a guardian or conservator who was appointed for you under 18-C M.R.S.A § 5, Part 3 or 4? ---------- YES NO

u. Have you been dishonorably discharged from the military forces within the past 5 years?- YES NO

v. Are you an illegal alien? ---------- YES NO

w. Have you been convicted in a Maine court of a violation of Title 17-A, M.R.S.A. § 1057 [possession of firearms in an establishment licensed for on-premises consumption of liquor] within the past 5 years? ---------- YES NO

x. Have you been adjudicated in a Maine court within the past five years as having committed a juvenile offense involving conduct that, if committed by an adult, would be a violation of Title 17-A, M.R.S.A. § 1057 [criminal possession of firearms in an establishment licensed for on-premises consumption of liquor]? ---------- YES NO

y. To your knowledge, have you been the subject of an investigation by any law enforcement agency within the past 5 years regarding the alleged abuse by you of a family or household members? ---------- YES NO

z. Have you been convicted in any jurisdiction within the past 5 years of 3 or more crimes punishable by a term of imprisonment of less than one year or of crimes classified under the laws of a state as a misdemeanor and punishable by a term of imprisonment of 2 years or less? ---------- YES NO

aa. Have you been adjudicated in any jurisdiction within the past 5 years to have committed 3 or more juvenile offenses described in question (o)? ---------- YES NO

bb. To your knowledge, have you engaged within the past 5 years in reckless or negligent conduct [as defined at 25 M.R.S.A. § 2002 (11)] that has been the subject of an investigation by a governmental entity? ---------- YES NO

cc. Have you been convicted in a Maine court within the past 5 years of any Title 17-A., chapter 45 drug crime? ---------- YES NO

dd. Have you been adjudicated in a Maine court within the past 5 years as having committed a juvenile offense involving conduct that, if committed by an adult, would have been a violation of Title 17-A, chapter 45 [Drug offenses]? ---------- YES NO

ee. Have you been adjudged in a Maine court to have committed the civil violation of possession of a useable amount of cannabis, butyl nitrite or isobutyl nitrite in violation of Title 22 M.R.S.A. § 2383 within the past 5 years? ---------- YES NO

ff. Have you been adjudicated in a Maine court within the past 5 years as having committed the juvenile crime defined in Title 15 M.R.S.A. § 3103 (1) (B) of possession of a usable amount of cannabis, as provided in Title 22 M.R.S.A. § 2383; and ---------- YES NO

READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT YOU:

A. 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) or (o) above is cause for refusal unless you are authorized to possess a Handgun under Title 15 M.R.S.A. § 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 Title 15, M.R.S.A. § 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 M.R.S.A. § 2003 (4).

B. 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 Title 25 M.R.S.A. § 2003(4).

C. 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:

(1) The determination as to whether the information supplied on the application or any documents made apart of the application is true and correct;

(2) The determination as to whether each of the additional requirements of Title 25 M.R.S.A. § 2003 has been met;

(3) The determination as to whether, if you are currently a permit holder, such permit must be revoked under Title 25 M.R.S.A. § 2005; and

(4) 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 Title 25 M.R.S.A. § 2005 or Title 17-A M..R.S.A. § 1057.

D. 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.

E. 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.

F. Certify that you understand that you must demonstrate to this issuing authority a knowledge of handgun safety as required by Title 25 M.R.S.A. § 2003 (1) (E) (5), unless you demonstrate that you are exempted under that same statute.

G. Certify that you have received a copy of the pamphlet entitled "LAWS RELATING TO PERMITS TO CARRY CONCEALED HANDGUNS" (2016 edition).

H. 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 M.R.S.A. § 2004 (1) and/or 17-A M.R.S.A. § 453, unsworn falsification.

_____ _____

Your Signature as Applicant Date

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION OR THE APPLICATION WILL BE RETURNED.

AUTHORIZATION 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): Col. William G. Ross, c/o Lt. Mathew R. Casavant
Issuing Authority (organization): Maine State Police Weapons & Professional Licensing
Mailing Address: 164 State House Station, Augusta, ME 04333
Issuing Authority Fax#: 207-287-3424; Telephone # to verify receipt of fax: 207-624-7210

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 firearm 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 firearm permit. Information disclosed to the issuing authority pursuant to this release is confidential pursuant to 25 MRSA § 2006.

This authorization is effective for ninety (90) days following the date of my signature.

Applicant Signature **Date**

Witness Signature **Date**

INSTRUCTIONS TO APPLICANT:

Return this form to the issuing authority with your permit application. Witness signature is anyone over the age of 18. DO NOT mail directly to Riverview or Dorothea Dix.

ISSUING AUTHORITY ONLY: Send completed form 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: RPC: RiverviewMedicalRecords@maine.gov; and DDPC: DorotheaDixMedicalRecords@maine.gov
2. **Fax** form to: RPC: (207) 287-7127; and DDPC: (207) 941-4029
3. **Mail** the form, with a self-addressed stamped envelope to: RPC: 250 Arsenal St., Augusta, ME 04330, Attn. Health Information; and DDPC: PO Box 926, Bangor, ME 04401, Attn. Medical Records.

AG Form 6: Revised 6/17/13;6/4/18;7/29/20; 09/28/21; 10/11/23 (change in name of issuing authority only)
All previous versions of this form are obsolete.

AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE PURPOSE OF EVALUATING INFORMATION SUPPLIED ON MY APPLICATION FOR A CONCEALED HANDGUN PERMIT UNDER 25 M.R.S., CHAPTER 252.

TO ALL LAW ENFORCEMENT AGENCIES, INCLUDING COURTS, 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 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 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 M.R.S. § 2002(11) within the past five years;

(11) information of record indicating that I have been convicted of or adjudicated as having committed a violation of Title 17-A, chapter 45 or Title 22, section 2383, or adjudicated as having committed a juvenile crime that is a violation of Title 22, section 2383 or a juvenile crime that would be defined as a criminal violation under Title 17-A, 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 that 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 refusal to issue or revocation of a permit to carry handguns or firearms, or other weapons.

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 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 my status as an illegal alien.

TO ALL ABOVE-ADDRESSED GOVERNMENTAL ENTITIES:

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 the following:

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

Should there be any question to the validity of this release, you may contact me at the address and/or the telephone number listed below.

DATE:	

APPLICANT'S FULL NAME: (Typed or printed)	
APPLICANT'S FULL NAME: (Signature)	
DATE OF BIRTH OF APPLICANT:	

Mailing Address of Applicant:	
Telephone Number of Applicant:	

Maine State Police Weapons and Professional Licensing	Col. William G. Ross, c/o Lt. Mathew R. Casavant
ISSUING AUTHORITY (Organization)	**ISSUING AUTHORITY REPRESENTATIVE (Name)**

INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL TO THE EXTENT PROVIDED BY 25 M.R.S. § 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 SIX MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.

Authorization to Disclose Confidential Information

SPURWINK

Client/Consumer Name (Please Print) _____ Date of Birth _____

Guardian Name (If applicable. Please Print) _____ Relationship to client/consumer _____

I hereby give my permission to Spurwink (Program _____**) to ☐ Release ☐ Obtain confidential information as specified below. ☐ To ☐ From:**

Agency/Organization Name: Auburn Police Department Contact Person: Information Assistant

Mailing Address: 60 Court Street Phone : 207-333-6650 Fax: 207-333-3856

City/Town: Auburn State: Maine Zip Code: 04210

Unless otherwise specified information may be released or obtained verbally, fax transmission, mailed copies, or email.

☐No Exceptions ☐Exception(s) Identified. Specify prohibited mode(s): _____

INFORMATION PERTAINING TO (check all that apply):

- ☒ Medical Records
- ☒ Vocational or Educational Services
- ☒ Psychiatric /Medication Management Services
- ☒ Psychological Evaluations/Services
- ☒ Mental Health Treatment Services
- ☒ Case Management Services
- ☒ Other (specify): _____

INFORMATION IS FOR THE FOLLOWING PURPOSE(s) (check all that apply):

- ☒ Ongoing treatment/continuing care
- ☒ Coordination with family/concerned persons
- ☒ Coordination with past/current treatment providers
- ☒ Historic information for assessment and/or treatment planning
- ☒ Other (specify): _____

Any records released will not include Alcohol or Drug treatment or HIV related information unless specific written authorization is obtained.

☐ I AGREE ☐ DO NOT AGREE to allow disclosure of HIV related information.	☒ I AGREE ☐ DO NOT AGREE to allow disclosure of ALCOHOL OR DRUG TREATMENT information.

I understand the following:

1. If Mental Health, Substance Abuse, or HIV related information is authorized, the recipient of this information is prohibited from re-disclosing this information without authorization unless permitted by federal or state law.
2. The information indicated above is protected by law & cannot be released without my permission, unless otherwise required by law.
3. Information disclosed under this authorization might be re-disclosed by the recipient (except as noted above in item 1.), and this re-disclosure may no longer be protected by federal or state law.
4. I may inspect or receive a copy of protected health information to be disclosed.
   ☐ I DO ☒ I DO NOT wish to review records prior to their disclosure.
5. I may refuse to disclose any or all of my records, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health or other insurance benefits, or have other adverse consequences.
6. I may revoke my consent at any time by providing written or verbal notice to Spurwink.
7. My signature on this form authorizes the disclosure of protected health information.
8. This authorization is in effect until 90 days from signature *(enter date)*. *PLEASE NOTE: This time period cannot exceed:*
   - *90 days for a 'one time' disclosure of information;*
   - *1 year for all other authorizations.*

Signatures

By signing below, I confirm that I have had this form explained, have had an opportunity to ask questions about it, authorize the disclosure of confidential information as described in this document, and have been offered a copy of this form.

Client signature : _____ Date : ___/___/___

Guardian signature: _____ Date: ___/___/___

Personal Representative Name: _____ (If applicable, Please Print) Legal Relationship to client: _____ (If applicable, Please Print)

Personal Representative Signature: _____ Date: ___/___/___

Attention Medical Records:

Please send records via ☐ Fax:_____ ☐ US Mail: Attention: _____

Spurwink Street Address: _____ Town/City: _____State: _____ Zip Code: _____

Spurwink Office Use Only:

If applicable, ROI Revocation Date: ___/___/___ ☐Verbal Request ☐Written Request by:

ROI Expiration Date: ___/___/___ Records Release Date: ___/___/___ By (Print Staff Name):

To the recipient of Confidential Information: If information released to you by this authorization contains substance abuse evaluation or treatment information, please be informed that federal law (42 CFR, Part 2) prohibits further disclosure of this information without the written consent of the identified person, except as otherwise permitted by law.