

**Morristown Police Department
Indiana Firearm's License Application**

Date: _____ Social Security #: _____

Full Name: _____
(First) (Middle) (Last)

Mailing Address: PO Box _____ St. Address: _____

City: Morristown State: IN Zip Code: 46161 PH: _____

Date of Birth: _____ Age: _____ Birth Place: _____

Nationality: _____ Citizenship: _____ Race: _____ Sex: M/F

Height: _____ Weight: _____ Build: _____ Hair Color: _____ Eye Color: _____

Scars/Tattoos _____ How long have you been a resident of Indiana? _____

From Year: _____ To Year: _____

Occupation & Employer: _____

Business Address: _____ City _____ State _____ Zip _____

Have you previously held an Indiana Handgun License? Yes _____ No _____

If Yes, year applied/county _____ License# _____

Has your handgun license ever been revoked? Yes ___ No ___ If Yes, year and reason _____

Have you ever been charged with any criminal violation including traffic violations? _____

Charges filed & Date _____

Were you convicted or did you pay a fine? _____

Have you ever been treated for psychiatric care, emotional or mental illness? Yes ___ No ___

If yes, year and treatment _____

(Submit documentation/recommendation from Treatment Center)

Type of license desired:

Hunting & Target Practice: _____ Life Time Personal Protection ___ 4yr. Personal Protection _____

Please state your reason for needing a handgun license _____

At the time your application has been approved by this department, you will be notified to come in to be fingerprinted and to pay a fee. Fees will vary.

All questions must be answered!!