



APPLICATION FOR HANDGUN LICENSE

State Form 36991 (R/5-99)

No. 1302

Approved by State Board of Accounts 1974

State of Indiana

No. _____

ORI - _____

County of _____

INSTRUCTIONS: All questions must be answered (type or print legibly)

INDIANA STATE POLICE NOT RESPONSIBLE FOR INCORRECT OR ILLEGIBLE APPLICATION.

PLEASE DO NOT SEND CASH: Postal Money Order or Certified Check in the correct amount, made payable to the STATE OF INDIANA must accompany this application. PERSONAL CHECKS NOT ACCEPTED and will be returned.

NOTE: Any person giving false information or offering false evidence to obtain a firearm license shall be deemed guilty of a felony and upon conviction may be punished by imprisonment for five (5) years to which may be added a fine of not more than \$10,000.

I understand that if a license is granted I may carry any handgun or handguns lawfully possessed.

Date (month, day, year) _____

To the Superintendent of the Indiana State Police:

I, _____ do hereby make application for a license to have in my possession and carry on my person or in my vehicle, any handgun with a barrel less than sixteen (16) inches in length or any firearm with an overall length of less than twenty-six (26) inches. Subject to the laws of the State of Indiana.				
Name (first, middle, last)		Date of birth (mo., day, yr.)		Nationality
Address (street number or R.R.)		Place of birth		Citizenship
City, state and ZIP code		Age	Race	Sex
		Height	Weight	
My residence is located within the city or town limits of: _____ IN _____ Initial _____		Build	Hair	Color of eyes
		Scars and marks		
My residence is NOT located within the limits of any city or town: _____ Initial _____		How long have you been a resident of Indiana? From: _____ To: _____		
Occupation		Have you previously held an Indiana Handgun License? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, year _____ License number _____
Business address (street number or R.R.)		Has your Handgun license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, date (year) suspended _____
City, state, ZIP code		If Yes, reason suspended _____		
Have you ever been convicted of ANY CRIMINAL violation including DUI? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, state charges _____		
Have you ever been treated for psychiatric health care of an emotional or mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, (a) list year of recent treatment, and _____		(b) submit documentation/recommendation from treating Mental Health Professional or Treatment Center.
I desire a license for the purpose of: (check only one)		Signature of applicant _____		
<input type="checkbox"/> (1) Hunting and/or Target Practice -- Fee \$5.00		<div style="text-align: center;">NOTARY SEAL</div>		
<input type="checkbox"/> (2) Personal Protection -- Fee \$15.00				
<input type="checkbox"/> (3) Firearm Dealer -- Fee Exempt				
<input type="checkbox"/> (4) Retired Police officer -- Fee Exempt				
		Subscribed and sworn to before me this _____ day of _____, _____		
		Signature of Notary Public _____		
		My commission expires _____	City _____	County _____

THIS APPLICATION MUST BE FILLED IN COMPLETELY AND ALL QUESTIONS ANSWERED

DISTRIBUTION: This copy to be forwarded to the Superintendent, Indiana State Police, Indiana Government Center North, 100 North Senate Avenue, Room 302, Indianapolis, IN 46204-2259.

HAS THE LOCAL FEE BEEN PAID ? YES ___ NO ___

LOCAL PHONE # _____

WORK # _____

SS# _____

DO YOU HAVE A PROTECTIVE ORDER OR RESTRAINING ORDER FILED AGAINST YOU ? YES ___ NO ___



SUPPLEMENTAL APPLICATION FOR HANDGUN LICENSE

Information: To comply with a change in the Indiana Handgun Licensing laws, the following supplemental form must be completed and mailed to the Indiana State Police with the white copy of the original *Application for Handgun License*, state form number 36991. Please answer all questions typed or printed legibly. Applicants will be required to provide a full set of fingerprints on a Federal Bureau of Investigation Applicant Fingerprint Card (FD-258/Rev. 5-11-99).

DATE: (Month/Day/Year):		Application Number (top right corner of original application form):	
NAME (first, middle, last):			
U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NON U.S. CITIZEN, ENTER INS REGISTRATION #	
ARE YOU PROHIBITED BY COURT ORDER FROM POSSESSING FIREARM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CHECK LICENSE YOU ARE APPLYING FOR:			
<input type="checkbox"/> 4 YEAR HUNTING AND TARGET \$5		<input type="checkbox"/> LIFETIME HUNTING & TARGET / NO CURRENT LICENSE \$25	
<input type="checkbox"/> 4 YEAR PERSONAL PROTECTION \$30		<input type="checkbox"/> LIFETIME HUNTING & TARGET / CURRENT VALID LICENSE \$20	
<input type="checkbox"/> RETIRED LAW ENFORCEMENT OFFICER—Fee Exempt		<input type="checkbox"/> LIFETIME PERSONAL PROTECTION / NO CURRENT LICENSE \$75	
<input type="checkbox"/> CORRECTION OFFICER—Fee Exempt		<input type="checkbox"/> LIFETIME PERSONAL PROTECTION / CURRENT VALID LICENSE \$60	
<input type="checkbox"/> FIREARMS DEALER—Fee Exempt			
ANY PERSON GIVING FALSE INFORMATION OR OFFERING FALSE EVIDENCE TO OBTAIN A FIREARMS LICENSE SHALL BE DEEMED GUILTY OF A FELONY AND UPON CONVICTION MAY BE PUNISHED BY IMPRISONMENT FOR FIVE (5) YEARS TO WHICH MAY BE ADDED A FINE OF NOT MORE THAN \$10,000.		SIGNATURE OF APPLICANT:	
<u>INCLUDE MONEY ORDER OR CERTIFIED CHECK MADE PAYABLE TO THE STATE OF INDIANA FOR THE PROPER AMOUNT LISTED</u>			
This supplemental form, the original white copy of the Application for Handgun License, fingerprint card and payment should be mailed to: Indiana State Police—Firearms Section, P.O. Box 3089, Indianapolis IN 46206-3089.			