



**State of Maine – Town of Norway  
Resident Application for Permit to  
Carry Concealed Firearms**



**For Office Use:**

Case # \_\_\_\_\_  
 Date paid \_\_\_\_\_  
 All apps: Photo attached \_\_\_\_\_  
 New Apps: Proof of knowledge  
 of handgun safety must be  
 attached: \_\_\_\_\_  
 Dorothea Dix return \_\_\_\_\_  
 Riverview return \_\_\_\_\_  
 NCIC/Triple III result \_\_\_\_\_  
 10-27 Results: \_\_\_\_\_

Make Checks Payable to Town of Norway

New \$35     Renewal \$20     Address chg. \$2

**Fee must be submitted with the application**

- 1.) **ALL applications must be completed IN FULL**, both first time and renewal permits, and the fee must be paid when the application is submitted.
- 2.) **ALL applications must include a current passport-type photograph**, first time and renewal.
- 3.) **NEW applicants must provide proof of knowledge of handgun safety** before the application can be processed. (a copy of your DD214 or certificate that a handgun safety course has been successfully completed)
- 4.) **Incomplete applications will be returned.** Approved permits will be mailed to the applicant: approval process takes anywhere from two to eight weeks.

**I. FULL NAME** (first, middle, last)

\_\_\_\_\_

**II. PREVIOUS LEGAL NAMES, IF ANY** (list month and year each name was given/assumed)

\_\_\_\_\_

**III. ALIASES, IF ANY** (list year(s) used)

\_\_\_\_\_

<b>DATE OF BIRTH</b>	<b>PLACE OF BIRTH</b>	<b>Social Security#</b> ____/____/____	<b>EYE COLOR</b>	<b>HAIR COLOR</b>	<b>HEIGHT</b> ____/____ <b>WEIGHT</b> _____	<b>SEX</b> M _____ F _____	<b>RACE</b>
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**IV Full Resident Address** (Street or Road Name, **NOT P.O. Box**)

**Telephone:** \_\_\_\_\_

\_\_\_\_\_

**V. Mailing Address**, if different from legal address

\_\_\_\_\_

**VI. List all addresses at which you have lived at any time during the past five years** (Street or Road, City/Town/State/Zip). Use additional paper if needed.

\_\_\_\_\_

**VII. List all previously issued permits to carry concealed firearms or other concealed weapons by any issuing authority in Maine or in any other jurisdiction.** For each permit previously issued, identify the issuing authority (i.e., Portland PD) and the date the permit was issued. Use additional paper if needed.

\_\_\_\_\_

**VIII. List all previous refusals to issue permits to carry concealed firearms or other concealed weapons by any issuing authority in Maine or in any other jurisdiction. Identify the agency that refused to issue the permit and the date of refusal.**

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**IX. List all previous revocations or suspensions of firearms permits or other concealed weapons permits. Identify the agency that revoked or suspended the permit and the date it was revoked or suspended.**

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**CIRCLE THE 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 that under the laws of that state, is punishable by imprisonment for a term exceeding one year?   | YES | NO |
| E. | If your answer to question D is <u>YES</u> , is that charged crime classified under the laws of that state as a misdemeanor punishable by imprisonment for a term of two years or less? (IF <u>NO</u> , YOU CAN SKIP THIS QUESTION)  | YES | NO |
| 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 two 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, is 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 Title 17-A, MRSA 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 Questions B., C., D., or F. and which 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 Questions 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 Questions 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 <u>YES</u> , was that crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of two years or less? (IF <u>NO</u> , SKIP THIS QUESTION)  | YES | NO |
| N. | Have you ever been adjudicated as having committed a juvenile offense described in Questions 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 any other court of the United States or any other 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, from engaging in other conduct that would place your intimate partner in reasonable fear of bodily injury to that intimate partner or that child? | YES | NO |
| Q. | Are you a fugitive from justice?   | YES | NO |
| R. | Are you a drug abuser, drug addict or drug dependant person?   | YES | NO |
| S. | Do you have a mental disorder that causes you to be potentially dangerous to yourself or others?   | YES | NO |
| T. | 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 Title18-A, MRSA 5-307 (b) (Termination of Incapacity, Probate Code: protection of persons under disability and their property) ?   | YES | NO |

U.	Have you been dishonorably discharged from the military forces within the past five 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, MRSA 1057 (Possession of a Firearm in an Establishment Licensed for On-premises Consumption of Liquor) within the past five 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, MRSA 1057 (criminal possession of a firearm 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 five years regarding the alleged abuse by you of family or household members?	YES	NO
Z.	Have you been convicted in any jurisdiction within the past five years of three 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 two years or less?	YES	NO
AA.	Have you been adjudicated in any jurisdiction within the past five years to have committed three or more juvenile offenses described in Question O.?	YES	NO
BB.	To your knowledge, have you engaged within the past five 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
CC.	Have you been convicted in a Maine court within the past five years of any Title 17-A, Chapter 45 drug crime?	YES	NO
DD.	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 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 marijuana, butyl nitrite or isobutyl nitrite in violation of Title 22 MRSA 2383 within the past five years?	YES	NO
FF.	Have you been adjudicated in a Maine court within the past five years as having committed the juvenile crime defined in Title 15 MRSA 3101 (1) (B) of possession of a useable amount of marijuana, as provided in Title 22 MRSA 2382?	YES	NO

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.**

**BY AFFIXING YOUR SIGNATURE ON PAGE 6 (SIX) AS THE APPLICANT, YOU:**

Certify that the statements you made on this application and any documents you make a part of this application are true and correct;

Certify that you understand that a YES answer to question L. or O. on page 3. is cause for refusal unless you are authorized to possess a firearm under Title 25 MRSA 39;

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 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);

Certify that you understand that a YES answer to Questions A., K., N., or any of the questions numbered Q. through X. is cause for refusal;

Certify that you understand that a YES answer to one or more of the questions B. through J., M., Y., Z. or AA. through FF. above will be used by this issuing authority, along with other information, in judging good moral character under Title 26 MRSA 2003 (4);

Certify that you will, 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 Immigrations Services and any prior issuing authority in this state of any other jurisdiction with which you have been involved, information relevant to the following:

- The determination as to whether the information supplied on the application or any documents made a part thereof is true and correct;
- The determination as to whether each of the additional requirements of Title 25 MRSA 2003 has been met;
- The determination as to whether, if you are currently a permit holder, such permit must be revoked under Title 25 MRSA 2005; and,
- The determination as to whether, if you are otherwise eligible and are reapplying following an earlier revocation of a permit, you are eligible to do so under Title 25 MRSA 2005 or Title 17-A, MRSA 1057.

Certify that you understand that if fingerprints are required by this issuing authority in order to resolve any questions as to your identify, you will submit to being fingerprinted;

Certify that you understand that if a photograph is an integral part of this permit to carry concealed firearms adopted by this issuing authority, you will submit to being photographed for that purpose.

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

Certify that you have received a copy of the pamphlet entitled Laws Relating to Permits to Carry Concealed Firearms (2014 Edition)

I understand that any false statements I make in this application or documents I made a part of this application may result in criminal prosecution pursuant to 25 MRSA 2004 (1) and/or 17-A MRSA 453, Unsworn Falsification.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date signed

**ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND  
THE APPLICATION FEE**

**(\$35 for new application, \$20 renewal application, \$2.00 change of address)**

**MUST ACCOMPANY THIS APPLICATION  
OR THE APPLICATION WILL BE RETURNED.**

**FIRST TIME APPLICANTS MUST ALSO INCLUDE PROOF OF  
KNOWLEDGE OF HANDGUN SAFETY. A CURRENT PHOTO MUST BE  
ATTACHED TO ALL APPLICATIONS  
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 M.R.S.A. Chapter 252.

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**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:

- Conviction data;
- Any criminal matter in which a formal charging instrument is now pending;
- Adjudication data relating to any juvenile offenses which involves conduct which, if committed by an adult, would be a crime;
- Any juvenile matter in which a formal charging instrument is now pending involving any juvenile offense described above;
- Fugitive from justice status;
- Incidents of abuse of family or household members within the past five years;
- Drug abuse, drug addiction or drug dependency;
- Adjudication as an incapacitated person;
- Any mental disorder that causes me to be potentially dangerous to myself or others;
- Reckless or negligent conduct as defined by 25 M.R.S.A. § 2002(11) within the past five years;
- 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
- 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 issuances of refusals to issue and revocations of a permit to carry concealed firearms or other concealed 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 being an illegal alien.

**To all above addressed governmental entities:**

I hereby authorize and direct you to release to the Norway Police Department, its agents or assigns, any information in your possession or control concerning me pertaining to the following:

- My full name;
- My full current address and address for the prior 5 years;
- The date and place of my birth and my physical description;
- My signature.

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

Full name (Print) \_\_\_\_\_

Street address (no P.O. Box) \_\_\_\_\_

Mailing address, if different \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date signed \_\_\_\_\_

**Issuing Authority: Norway Police Department**

**Representative: Chief Jeffrey Campbell**

Information obtained pursuant to this release is confidential to the extent provided by 15 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 **six months from the date of the signature** of the applicant



**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): Jeffrey Campbell, Chief of Police  
Issuing Authority (organization): Norway Police Department  
Mailing Address: 19 Danforth Street, Norway, ME. 04268  
Issuing Authority Fax#: 207-743-5306 ; Telephone # to verify receipt of fax: 207-743-5303

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

**APPLICANT: RETURN THIS FORM TO THE ISSUING AUTHORITY WITH YOUR PERMIT APPLICATION. RETAIN A COPY FOR YOUR RECORDS.**

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: RPC: [RiverviewMedicalRecords@maine.gov](mailto:RiverviewMedicalRecords@maine.gov); and DDPC: [DorotheaDixMedicalRecords@maine.gov](mailto:DorotheaDixMedicalRecords@maine.gov) OR
2. **Fax** form to: RPC: (207) 287-7127; and DDPC: (207) 941-4029 OR
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.

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.