

READ BEFORE YOU BEGIN YOUR APPLICATION.

PRINT CLEARLY AND LEGIBLY. THERE COULD BE A DELAY IN YOUR APPLICATION PROCESS IF YOUR NAME IS ILLEGIBLE OR IF ANY OF THE STEPS HAVE NOT BEEN COMPLETED.

Anyone over the age of 18 can witness your signature.

If you DO NOT have a witness, sign your application at the Police Department where an employee can witness your signature.

**COMPLETE THE VA LETTER REGARDLESS OF
WHETHER YOU WERE IN THE MILITARY.**

DO NOT: COMPLETE THE INFORMATION WITHIN THE BORDERED SECTION OF THE VA RELEASE. THIS IS ONLY FOR THE VA STAFF.

FOR NEW APPLICATIONS, PROVIDE PROOF THAT YOU HAVE COMPLETED AN APPROVED HANDGUN SAFETY COURSE OR A COPY OF YOUR DD214.

Return the application packet to the Winslow Police Department.

YOU MUST INITIAL THE BOTTOM OF EACH PAGE.



Winslow Police Department

114 Benton Avenue, Winslow, ME 04901-6850

Tel. (207) 872-5215 • Fax (207) 872-1984 • lmacdaid@winslow-me.gov

LEONARD MACDAID, CHIEF OF POLICE



Lieutenant Bradley Hubert
bhubert@winslow-me.gov

Sergeant Brandon Lund
blund@winslow-me.gov

Sergeant Alex Jones
ajones@winslow-me.gov

TO THE RESIDENT APPLICANT:

Please review the copy of the booklet “Laws Relating to Permits to Carry Concealed Firearms.”

Please complete and return this entire package with the following items:

- Application for Permit to Carry Concealed Firearms.
- Execute release of information forms (page 10 & 11.)

Checks are payable to the TOWN OF WINSLOW – Fees must be paid at the town Office Prior to dropping off your application.

The following fees apply:


- Fee of \$35.00 for new applicants
(If you are renewing and your permit expired over six months ago, you are considered a new applicant at the \$35.00 fee.)
- Fee of \$20.00 for a renewal
- Fee of \$2.00 for a duplicate or a change of address

REQUIRED Documents needed:

- Copies of all concealed firearm permits issued by other states or municipalities within this state.
- A copy of your DD-214 form **if you were a member of the Armed Forces of the United States.**
- Proof of knowledge of handgun safety. Please see page 6 ¶ (5) of the laws enclosed.

If this is a renewal of a permit issued by the Winslow Police Department and you have previously submitted a military discharge, or proof of knowledge of handgun safety, you are not required to submit these materials again.

Please note that **documents that are attached WILL NOT be returned.**

 <p style="text-align: center;">STATE OF MAINE APPLICATION FOR PERMIT TO CARRY CONCEALED FIREARMS <i>(Resident)</i></p> <p><input type="checkbox"/> NEW (\$35.00) <input type="checkbox"/> RENEWAL (\$20.00)</p> <p><input type="checkbox"/> CHANGE OF ADDRESS (\$2.00)</p>	FOR OFFICE USE ONLY	
	CHECK #	___ \$35.00 ___ \$20.00
	LICENSE #	___ \$2.00
	___ ISSUE ___ DENIED	DATE: ___
	EXPIRATION DATE (IF ISSUED) _____	
KNOWLEDGE OF HANDGUN SAFETY: _____		

Approval: Chief Leonard Macdaid: _____ Date: _____

FULL NAME (First, Middle, Last)	
Previous Legal Names, IF ANY (List month and year each name was given/assumed)	
Aliases, IF ANY (List year(s) used)	

Birth date	Birthplace	Citizen (Y/N)	Eye color	Hair color	HT	WT	Sex	Race

Mailing address (If different than legal residence):

Full Current Residence: _____

Street/Road Name (not PO Box) _____, Winslow, ME 04330

List All Addresses at which you have lived at any time during the past five (5) years
(Street/Road, City/Town, State, Zip, Dates of residence)

Street/Road	City/Town	Zip	Dates of Residence

List of previously issued permits to carry concealed firearms 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.

Permit Issuing Authority	City/Town	Zip	Date Permit Issued

List of previous revocations or suspensions of firearms permits or permits to carry concealed firearms 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.

Revoked/Suspended	Agency/Authority	Date Revoked

CHECK APPROPRIATE ANSWER AFTER EACH QUESTION

- a. Are you less than 18 years of age? Y N
- 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 a year or more?..... Y N
- 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?..... Y N
- d. Is there a formal charging instrument now pending against you in another state for a crime that, under the laws of that state, is punishable by imprisonment for a term exceeding one year?..... Y N
- 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 more..... Y N
- 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 is punishable by imprisonment for a term of one year or more?..... Y N
- 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 a crime with the use of a firearm against a person or with the use of a dangerous weapon as defined in Title 17-A M.R.S.A. §2 (9) (A)?..... Y N
- 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?..... Y N
- 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)?..... Y N
- 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?..... Y N
- 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)?..... Y N

- 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)?..... Y N
- 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?..... Y N
- n. Have you ever been adjudicated as having committed a juvenile offense described in question (h) or (i)? Y N
- o. Have you ever been adjudicated as having committed a juvenile offense described in question (j)? Y N
- 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, 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?..... Y N
- q. Are you a fugitive from justice? Y N
- r. Are you a drug abuser, drug addict or drug dependent person? Y N
- s. Do you have a mental disorder that causes you to be potentially dangerous to yourself or others? Y N
- t. Have you been adjudicated to be an incapacitated person pursuant to Title 18-A Article V, Parts 3 and 4 and not had the designation removed by an order under Title 18-A, M.R.S.A. §5-307(b)? (Termination of incapacity, Probate Code; protection of persons under disability and their property)..... Y N
- u. Have you been dishonorably discharged from the military forces within the past 5 years? Y N
- v. Are you an illegal Alien? Y N
- w. Have you been convicted in a Maine court of a violation of Title 17-A, M.R.S.A. § 1057 [possession of a firearm in an establishment licensed for on-premises consumption of liquor] within the past five (5) years? Y N
- x. Have you been adjudicated in a Maine court within the past five (5) 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 a firearm in an establishment licensed for on-premises consumption of liquor]?..... Y N
- 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 family or household members?..... Y N

- z. Have you been convicted in any jurisdiction within the past five (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?..... Y N
- 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)? Y N
- bb. To your knowledge, have you been 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? Y N
- cc. Have you been convicted in a Maine court within the past 5 years of any Title 17-A, chapter 45 drug crime? Y N
- 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? [Drugs offenses] Y N
- 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 nitrate in violation of Title 22 M.R.S.A. § 2383 within the past 5 years? Y N
- 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 useable amount of marijuana, as provided in Title 22 M.R.S.A. § 2383? Y N

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 firearm 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 questions lettered (a), (k), (n), or any of the questions lettered (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 lettered (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 patients 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 a part 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 firearms 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 FIREARMS." (2005 edition).

- H. I understand that any false statements I make to 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.

Signature as Applicant

Date

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND THE APPLICATION FEE (\$35.00 FOR ORIGINAL APPLICATION, \$20.00 FOR RENEWAL APPLICATION, OR \$2.00 FOR CHANGE OF ADDRESS) MUST ACCOMPANY THIS APPLICATION OR THE APPLICATION WILL BE RETURNED.

**APPLICATION TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE
PURPOSE OF EVALUATING INFORMATION SUPPLIED ON MY APPLICATION FOR A
CONCEALED FIREARM PERMIT UNDER
TITLE 25 M.R.S.A. 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.A. § 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 issuances of refusals to issue and revocations of a permit to carry concealed firearms or other concealed weapons.

AUTHORIZATION TO RELEASE INFORMATION

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 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 of 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: _____

APPLICANTS FULL NAME: _____
(Typed or Printed)

APPLICANTS FULL NAME: _____
(Signature)

Date of birth of Applicant: _____

Mailing address of Applicant: _____

Telephone Number of Applicant: _____

Winslow Police Department
Name of Issuing Authority

Chief Leonard Macdaid
Name of Representative of Issuing Authority

INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL TO THE EXTENT PROVIDED BY 15 M.R.S.A. § 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.

THE ORIGINAL RELEASE AND ANY COPIES ARE VALID FOR A PERIOD OF FOUR MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.

**AUTHORIZATION TO PSCHIATRIC FACILITY TO RELEASE INFORMATION FOR THE
PURPOSE OF APPLYING FOR CONCEALED HANDGUN PERMIT**

PRINT LEGIBLY OR TYPE

Name of Applicant: _____ Date of Birth: _____

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)	Chief Leonard Macdaid
Issuing Authority (Organization):	Winslow Police Department, 114 Benton Ave, Winslow, ME 04901
Issuing Authority Fax: 207-872-1984	Telephone: 207-872-5215

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 handgun permit to be rejected. I understand that if the issuing authority received an affirmative response to its inquiry, I may be asked to authorize the release of additional information to determine my eligibility for a concealed handgun 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 WINSLOW POLICE DEPARTMENT
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 email to RPC: riverviewmedicalrecords@maine.gov and DDPC: DorotheaDixMedicalRecords@maine.gov OR
2. FAX form: 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 forwarded 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.



Winslow Police Department

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LEONARD MACDAID, CHIEF OF POLICE

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Sergeant Alex Jones
ajones@winslow-me.gov

Dear Sir or Madam:

The individual listed below has applied to this department for a CONCEALED FIREARMS PERMIT. In accordance with Maine Law, _____ has signed this authorization for release.

I, (Name): _____, (Social Sec. Number): _____,
(Service Number -if Applicable) _____

Authorize the Veterans Administration, Togus, Maine to disclose to the police department identified above the following information:

<p>a. Treated as a PSYCHIATRIC IN-PATIENT in the last five years <input type="checkbox"/> Yes Dates: _____ <input type="checkbox"/> No.</p> <p>b. Treated for ALCOHOL ABUSE <input type="checkbox"/> Yes. Dates: _____ <input type="checkbox"/> No.</p> <p>c. Treated for DRUG ABUSE <input type="checkbox"/> Yes. Dates: _____ <input type="checkbox"/> No.</p>
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I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires automatically as described below.

Specifications of the date, event or condition upon which this consent expires. _____

Executed this _____ day of _____, 20_____

Signature of Applicant

Signature of Witness