EXHIBIT "B"



Please Check One

THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services

200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4600 | TTY: 617-660-4606 | FAX: 617-660-4613 mass.gov/cjis



Application

FOR NEW/RENEWAL OF A FIREARMS IDENTIFICATION CARD OR LICENSE TO CARRY
FIREARMS OR LICENSE TO POSSES A MACHINE GUN (MGL C.140, s.129B AND s.131)

						LI	C #:										
	Applicant																
Renev	val - Most Rece	nt License to Car	ry/FID Number:		_												
	from Which Ci			M		piration Date:											
NOTE: If a Hunter Safe	application is for ety Course Cert	first firearms idei ificate must be at	ntification card or lice tached to this applica	ense to carry firearm ation.	з, а сору	of the Firearm	s Safety Certificate or										
	P	lease Check t	t he Type of Lice (Please Ch	ense for Which 'eck Only One)	You are	e Applying											
Firear	Firearms Identification Card - Restricted (mace and pepper spray)																
Firearms Identification Card																	
Class B License to Carry - Non-Large Capacity Class A License to Carry - Large Capacity License to Possess a Machine Gun Check if a Class A Gun Club License *NOTE: Only the Colonel of the State Police can issue a club license.																	
											E	xcept for Sig	nature, Print or	Type all Reque	sted In	formation	
										Last Name			First Name		Middle Name		Suffix
			AUNTE A STUDIO														
Residentia	Address		City		State	Zip Code	Telephone Number										
Gun Club A	Address (If Appl	icable)	City		State	Zip Gode	Telephone Number										
Date of Bir	lh Place	of Birth															
Mother's First Name Mother's Ma		den Name	Father's First Nam	First Name		st Name											
Height Weight Build		Build	Complexion	Hair Color		Eye Color											
Occupation	3			Social Securi	ly Numbe	er (Optional) Dr	ivers License Number										
Employed	Ву			Business Address													
City/Town		State	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Zip		Telephor	ie Number										
Form FA-2	5/26						Page - 1 of										
sum see e	and and																

Please Answer the Following Questions Completely and Accurately

1.	Are you a citizen of the United States?							
	If naturalized give date, place and naturalization number	Dale	Place	Naturalization No.				
2.	Have you ever used or been known by anot	her name?						
	If yes, provide name and explain:	AL U		in other				
3.	What is your age? *You must be 21 years of Firearms Identification Card, 15 years of agguardian granting permission to apply for a	e but less than 1	years of age with submiss	ms, 18 years of age to apply for a ion of a certificate of parent or				
4.	Have you ever been convicted of a felony?			_				
5.	Have you ever been convicted of the unlaw M.G.L. c. 94C sec. 1?	ful use, possessi	on, or sale of narcotic or ha	armful drugs as defined in				
6.	Have you ever been convicted of a crime pu	unishable by inca	rceration by more than one	(1) year?				
7.	In any state or federal jurisdiction have yo delinquent child for the commission of (a) years; (c) a violent crime as defined in Moownership, sale, transfer, rental, receipt or may be imposed; or (e) a violation of any ladefined in section 1 of MGL 94C?	a felony; (b) a m GL C140.s.121; (transportation of	isdemeanor punishable by d) a violation of any law re weapons or ammunition for	imprisonment for more than 2 egulating the use, possession. which a term of imprisonment				
8.	Have you ever been confined to any hospital	al or institution fo	mental illness?					
9.	Are you or have you ever been under treatment	nent for or confin	ement for drug addiction or	habitual drunkenness?				
10.	Have you ever appeared in any court as a de	efendant for any o	ximinal offense (excluding r	non-criminal traffic offenses)?				
11.	Are you now under any charge(s) for any offer	ense(s) against th	ne law?					
12.	Are you now or have you ever been the subjuctarge?	ect of a M.G.L. C	209A restraining order or in	volved in a domestic violence				
13.	Has any License to Carry Firearms, Permit to of any state or territory ever been suspended			n Card issued under the laws				
14.	. Are you currently the subject of any outstand	ing arrest warrar	t in any state or federal juri:	sdiction?				

	5 14 0 1					
Othe	er than Massachusetts, in what state, territory	or jurisdiction have y	ou resided?			
Hav	e you ever held a License to Carry in any othe	er state, territory or ju	isdiction?			
lf"Y	ES", when, where and license number?					
	List the Nam	e and Addresse	s of Two F	References		
ţ.,	Last Name	First Name				
	Address	City/Town			State	Zip
2:-	Last Name	First Nan	e			
	Address	City/Town			State	Zip
Rea	son(s) for requesting the issuance of a card or	r license:				127
_						
_						115-11
\$50	RNING* Any person who knowingly files an a D nor more than \$1,000 or by imprisonment fo I fine and imprisonment (MGL c.140, §§ 1298	r not less than 6 mor	false informa ths nor more	ition shall be punishe than 2 years in a ho	ed by a fi use of co	ne of not less the rrection, or by bo
	clare the above facts are true and complete to be just cause for dental or revocation of my lic			lief and I understand	that any	false answer(s)
Sigr	ned under the penalties of perjury this		day of			
		day		month		year
Sigr	nature of Applicant:					
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