

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
DEPARTMENT OF PUBLIC SAFETY  
**GENERAL SUPPORT BUREAU**  
**RECORDS AND FIREARMS SECTION**

**APPLICATIONS FOR WEAPONS IDENTIFICATION CARD**

To carry and possess Firearms, Dangerous Devices, and Ammunition

<input type="checkbox"/>	SAIPAN	<input type="checkbox"/>	TINIAN	<input type="checkbox"/>	ROTA	APPLICATION No.#:			
						DATE OF APPLICATION:			
						APPLICATION RECEIVED BY:			
						RECEIPT No.#:			
<input type="checkbox"/>	NEW ID	<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>	DUPLICATE	<input type="checkbox"/>	ADDITIONAL	<input type="checkbox"/>	JOINT
<input type="checkbox"/>	CRIMINAL RECORDS (COURT)			<input type="checkbox"/>	FINGER PRINT (BUREAU)				

Under 6 CMC, Division 2, Subsection 2204 (d), Identification Card  
No identification card may be issued until 15 days after application is made, and unless the issuing agency is satisfied that the application may lawfully possess and use, or carry firearms, dangerous devices, or ammunition of the type or types enumerated on the identification card. Unless the application for use and possession is denied, the identification card shall issue within 60 days from date of application.

**A. PERSONAL INFORMATION**

NAME:			(Last)	(First)	(Middle)
RESIDENCE:		MAILING ADDRESS:		TELEPHONE: HOME AND WORK:	
CITIZENSHIP:		NATIONALITY:		PLACE OF BIRTH:	DATE OF BIRTH:
AGE:					
SEX:	HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:	SOCIAL SECURITY NUMBER
EMPLOYMENT:			OCCUPATION:		ADDRESS:

**B. WEAPON(S) (List all weapons applicant desires to own or possess).**

1. Firearms

MANUFACTURER	TYPE	MODEL	CALIBER	SERIAL NUMBER

2. Dangerous devices (explosives, incendiary or poison gas bomb, grenade, mine, etc.).

3. Ammunition

**C. QUESTIONS ABOUT YOUR QUALIFICATION TO OWN AND POSSESS WEAPONS**

1. Have you ever been acquitted of any criminal charge by reason of insanity? ..... YES  NO
2. Have you ever been declared mentally incompetent by a court of law? ..... YES  NO
3. Have you ever been convicted of any crime other than minor traffic violations? ..... YES  NO
4. Have you ever been treated in a hospital for mental illness, drug addiction or alcoholism? ..... YES  NO
5. Are you addicted to the use of narcotic drugs? ..... YES  NO
6. Have you ever been afflicted with epilepsy, insanity, paralysis, or any other disability or disease which might affect your control or your ability to handle a weapon safety? ..... YES  NO
7. If you have a YES answer to any of the above question, explain fully on a separate sheet

8. In the event you have a physical or mental defect, condition, illness or impairment which would make you ineligible for an identification card you may submit to the issuing agent the certificate of a physician licensed practice in the Commonwealth stating that subscribing physician's best opinion that such defect, condition, illness or impairment does not make you in capable of possessing and using a firearm or dangerous device without danger to the public safety.

**D. OTHER INFORMATION DESIRED**

- 1. Do you own or possess
  - a) Any firearm silencer or muffler? .....YES  NO
  - b) Any handgun, automatic or semi-automatic weapons, any rifle larger than a .22 caliber or any shotgun larger than .410 gauge, not listed on page one of this application?.....YES  NO

NOTE: If any answer is yes to the above question, the law requires you to surrender such weapons to the Department of Public Safety, and you will be fairly compensated if the weapons are surrendered.

- 2. I, wish to carry or possess the described firearm, dangerous device, or ammunition that's listed on page one of this application for the purpose of: (Strongly Recommended Not to Use, FAMILY PROTECTION as Reason to Carry or Possess Firearms or Any Dangerous Device)
- 3.  Check here if you are seeking a Firearm Identification Card solely in order to qualify as an employee eligible for work on the premises of a licensed firearms dealer.

Finger Print #: \_\_\_\_\_ Date: \_\_\_\_\_

Finger Printed By: \_\_\_\_\_

**WARNING:**

Under law, the willful failure to disclose any material information required by this application or any false statement as to any material fact required by this application shall be grounds for denial or suspension of your identification Card. In addition, any willfully false statement as to any material fact required by this application shall be punishable under the provision of 6 CMC 3306.

I declare under the penalty of perjury that the foregoing is true and correct and that this declaration was executed on \_\_\_\_\_ at \_\_\_\_\_ Commonwealth of the Northern Mariana Islands.  
DATE ISLAND

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**FOR OFFICIAL USE ONLY**

This application is hereby: [ ] Approved This Permit Expires on \_\_\_\_\_, 20\_\_\_\_.  
[ ] Disapproved

Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Public Safety or Designee