



**THE COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**  
**Department of Criminal Justice Information Services**

200 ARLINGTON STREET, SUITE 2200  
CHELSEA, MASSACHUSETTS 02150  
[WWW.MASS.GOV/CJIS](http://WWW.MASS.GOV/CJIS)

**Deval L. Patrick**  
Governor

**Timothy P. Murray**  
Lieutenant Governor

**Mary Elizabeth Heffernan**  
Secretary of  
Public Safety and Security

**James F. Slater, III**  
Acting Commissioner

RE: Application for Resident Alien Permit to Possess Rifles or Shotguns

Dear Applicant:

All new and renewal resident alien permits to possess rifles or shotguns in Massachusetts are issued through the Massachusetts Instant Record Check System (MIRCS). MIRCS is a computer based application used to manage, process and monitor firearms licensing statewide.

To complete the application process, you must appear in person at the following:

**Dept. of Criminal Justice Information Services**  
**Firearms Records Bureau**  
**200 Arlington Street**  
**Chelsea, MA 02150**

You will receive a notice by mail or email with your scheduled date and time to appear for final permit processing in Chelsea, MA. Appointments will be scheduled in the order that completed applications are received and are typically scheduled 1-2 months from the date of receipt. *The FRB recommends that all applicants apply for renewal at least 90 days before their current license expires to allow time for processing.*

Please pay close attention to the enclosed updated application instructions and complete the application accurately. A mistake on the application will result in a delay in the application process or a denial of the application.

Thank you,

A handwritten signature in black ink, appearing to read "Jason A. Guida".

Jason A. Guida, Esq.  
Director of the Firearms Records Bureau  
Commonwealth of Massachusetts

## Resident Alien Permit Application Instructions

**Non-Refundable Application Fee: \$100.00**

**Valid: Expires on December 31<sup>st</sup> of the year of issue**

1. **Fee:** Only bank or postal money orders and certified checks made payable to "Commonwealth of Massachusetts" will be accepted as payment. The **non-refundable** application fee is one hundred dollars (\$100). *Cash or personal check(s) are unacceptable and if received, the application package will be returned to you.*
2. **Firearms Safety Course:** First time applicants must submit a copy of a recent certificate for a basic rifle or shotgun safety course given by an instructor certified by the Colonel of the Massachusetts State Police. If you are applying for a permit to possess a chemical propellant only, put a check mark in the box titled "Chemical Propellant Only" on the application. A certificate issued by the Commonwealth's Division Fisheries and Wildlife, showing completion of a hunter education course is a valid substitute for the firearms safety certificate. A safety course or certificate is not required if you held an Alien Permit to Possess on or after June 1, 1998. A safety course or certificate is *not* required if you are applying for a chemical propellant only permit.

A current list of acceptable courses may be found on the State Police web site at:

<http://www.state.ma.us/msp/firearms/courses.htm>.

The following are acceptable courses:

- Massachusetts Chiefs of Police Association Basic Handgun Safety Course
- NRA Basic Pistol Course and Personal Protection Course
- SIG Arms Academy Handgun Orientation
- Smith & Wesson Academy Massachusetts Carry Permit Course

3. **Photocopy of Immigration Card:** Resident aliens must enclose a photocopy of their immigration card or visa (containing the alien registration number), or if applicable, a photocopy of other documents allowing for lawful entry into the United States.
4. **Home Address:** All applicants must complete the information for street, city/town, state, and zip code. *P.O. Box numbers will not be accepted for the residential mailing address and, if received, the entire application package may be returned to the applicant.*
5. **Social Security Number:** You are not required to include your social security number. However, providing your social security number it may expedite the time required to complete your criminal background record check and process your license. The information given on this application is not public information.
6. **Self-addressed, stamped envelope:** Used to mail the completed license.

**\*Applications must be complete and accurate; any inaccurate information will result in a denial of the license\***

The completed package should be mailed to **Dept. of Criminal Justice Information Services, Attn: Firearms Records Bureau, 200 Arlington St., Suite 2200, Chelsea, MA 02150.**

Please note:

- All applications are initially processed through the mail, and walk-in service is *not* available.
- You will be contacted by mail or email in 2-3 weeks with your scheduled appointment to appear in person at the Firearms Records Bureau to complete your license application.
- The Firearms Records Bureau does not provide interpreting services. If English is not your first language, you may bring with you a family member or friend for assistance.



# The Commonwealth of Massachusetts

Firearms Records Bureau  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150

## RESIDENT ALIEN APPLICATION FOR PERMIT TO POSSESS A RIFLE OR SHOTGUN (M.G.L. c. 140, § 131H)

**Except for signature, please PRINT all requested information:**

- FIRST TIME APPLICANT ----→ Attach a copy of your Rifle and Shotgun Safety Course certificate
- RENEWAL APPLICANT ----→ Previous permit number: \_\_\_\_\_
- CHEMICAL PROPELLANT ONLY (you cannot possess rifles or shotguns, or ammunition)

**Please indicate if you would like your appointment date emailed:**

- YES (please include email below)
- NO (you will receive a notice in the mail)

Date: \_\_\_\_\_ Year permit is requested for: \_\_\_\_\_

Last Name	First Name	Middle Initial	Maiden Name
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Residential Address:	Street and Number	City/Town	State	Zip Code
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Mailing Address:	Street and Number	City/Town	State	Zip Code
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Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address:	Street and Number	City/Town	State	Zip Code
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Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security # (optional): \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_ Complexion: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Naturalized Citizen? \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

*(NOTE: If you are naturalized, you should apply for a license through your local police department)*

Alien Registration #: \_\_\_\_\_ If none, state type of lawful authorization and provide description of documents, and identifying number on documents, which allowed lawful entry into the United States. Include a photocopy of these documents: \_\_\_\_\_

Date of Entry into the United States: \_\_\_\_\_ Port of Entry: \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS ACCURATELY:**

1. What is your age? \_\_\_\_\_ (You must be 18 years of age to apply for an alien license to possess a rifle or shotgun)
2. Have you ever used or been known by another name? \_\_\_\_\_ If "yes," provide name and explain:  
\_\_\_\_\_
3. In any state or federal jurisdiction have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child for the commission of (a) a felony; (b) a misdemeanor punishable by imprisonment for more than two (2) years; (c) a violent crime as defined in M.G.L. c. 140, § 121; (d) a violation of any law regulating the use, possession, ownership, sale, transfer, rental, receipt or transportation of weapons or ammunition for which a term of imprisonment may be imposed; or (e) a violation of any law regulating the use, possession or sale of controlled substances as defined in M.G.L. c. 94C, § 1? \_\_\_\_\_
4. Have you ever been arrested, or appeared in any court as a defendant for any criminal offense? (Include non-conviction information, and exclude non-criminal traffic offenses such as speeding) \_\_\_\_\_
5. Are you now under any charges for any offenses against the law? \_\_\_\_\_
6. Are you now or have you ever been the subject of a restraining order under M.G.L. c. 209A, or involved in a domestic violence charge? \_\_\_\_\_
7. Have you ever been confined to any hospital or institution for mental illness? \_\_\_\_\_
8. Are you or have you ever been under treatment or confinement for drug addiction or habitual drunkenness? \_\_\_\_\_
9. Have any license to carry firearms, permit to possess firearms, or firearms identification card issued under the laws of any state or territory ever been suspended, revoked or denied? \_\_\_\_\_
10. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? \_\_\_\_\_

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS 3 THROUGH 10, PROVIDE DETAILS INCLUDING DATES, CIRCUMSTANCES AND LOCATION (if necessary use separate sheet of paper to complete):

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11. Other than Massachusetts, what states have you resided in? \_\_\_\_\_  
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12. Have you ever held a gun license in any other state or country? \_\_\_\_\_ If "yes," where, when, & permit #:  
\_\_\_\_\_  
\_\_\_\_\_

13. Reason(s) for requesting an alien permit to possess a rifle or shotgun: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**NOTICE: ANY PERSON WHO KNOWINGLY FILES AN APPLICATION CONTAINING FALSE INFORMATION SHALL BE PUNISHED BY A FINE OF NOT LESS THAN \$500 NOR MORE THAN \$1,000 OR BY IMPRISONMENT FOR NOT LESS THAN 6 MONTHS NOR MORE THAN 2 YEARS IN A HOUSE OF CORRECTION, OR BY BOTH SUCH FINE AND IMPRISONMENT (MGL C140, S.129B).**

**I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT ANY FALSE ANSWER (S) WILL BE JUST CAUSE FOR DENIAL OR REVOCATION OF MY PERMIT TO POSSESS RIFLES OR SHOTGUNS AND MAY BE USED IN A CRIMINAL PROCEEDING PURSUANT TO MASSACHUSETTS GENERAL LAW CHAPTER 140, SECTION 129B.**

Signed under the penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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**CHANGE OF ADDRESS REQUIREMENT: FAILURE OF A PERMIT HOLDER TO NOTIFY THIS OFFICE OF ANY CHANGE IN HIS/HER ADDRESS, BY CERTIFIED MAIL, WITHIN THIRTY (30) DAYS OF ITS OCCURRENCE MAY RESULT IN REVOCATION OR SUSPENSION OF THE PERMIT.**

**EXPIRATION: PERMITS EXPIRE ON DECEMBER 31 OF THE YEAR IN WHICH THE PERMIT IS ISSUED. A RENEWAL OF THIS PERMIT MAY ONLY BE OBTAINED BY THE HOLDER COMPLETING AND SUBMITTING A NEW APPLICATION WITH ALL THE REQUIRED INFORMATION.**

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