

# Springfield Police Department

2750 Main Street, PO BOX 41, Springfield, NH 03284

Timothy Julian  
Chief of Police

Telephone: 603-763-3100  
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## Pistol Permit Reference Letter

Date:

Reference's Name:

Reference's Address:

HANDGUN PERMIT FOR (Name):

The above-named person is using your name as a reference on an Application to carry a handgun. Please provide the following information to assist us in determining the propriety of issuing this permit.

To your knowledge, has the applicant ever had a handgun permit denied in this or any other state?

YES \_\_\_\_ NO \_\_\_\_

To your knowledge, has the applicant ever been convicted in any court of a misdemeanor of domestic violence?

YES \_\_\_\_ NO \_\_\_\_

Is the applicant a user or addicted to any controlled substances?

YES \_\_\_\_ NO \_\_\_\_

To your knowledge has the applicant ever been convicted of a felony in this or any other state that has not been annulled?

YES \_\_\_\_ NO \_\_\_\_

To your knowledge, has the applicant ever been treated for mental illness, an emotional disorder, or confined to an institution?

YES \_\_\_\_ NO \_\_\_\_

If the answer to any of the above questions is yes or if you know of any reason that the applicant should be denied a permit to carry a handgun, or if you would care to make any comment whatsoever, please explain on the reverse side of this letter.

Please return this form with the completed Application. Thank you.

Signature \_\_\_\_\_ Date: \_\_\_\_\_