HAWAII POLICE DEPARTMENT

APPLICATION FOR LICENSE TO CARRY FIREARMS AND WEAPONS

APPLICANT'S NAME:					
	(Last)		(First)		(Middle)
ADDRESS: (Number)	(Street	t)		(City)	(State)
RESIDENCE PHONE:		В	USINESS PHOI	NE:	
DATE OF BIRTH:					
PLACE OF BIRTH:					
***************************************	(City)		(State or Country)		
HEIGHT:(Ft. & In)	WEIGHT:	EY	ES:(Color)	HAIR:	(Color)
U.S. CITIZENSHIP: []YES [certificate number:	JNO [JBY BIRTH	[]BY NATURA	ALIZATION (If b		
					Name and the second sec
EMPLOYER'S ADDRESS:	(Number)	(Street)		(City)	(State)
PHONE:	POSI	TION:			
PREVIOUS MILITARY SERVICE TYPE OF DISCHARGE: []HON	-				
HAVE YOU EVER BEEN AR misdemeanor, felony or major tra				(Include pett	y misdemeanor,
HAVE YOU EVER BEEN AR misdemeanor, felony or major tra				(Include pett	y misdemeanor,

	N UNDER TREATMENT FOR ADDICTION TO ANY DANGEROUS XICATING COMPOUND OR INTOXICATING LIQUOR? (Defined is explain.)
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	BEEN UNDER TREATMENT FOR SIGNIFICANT BEHAVIORAL FOR TREATMENT FOR ORGANIC BRAIN SYNDROME?
HAVE YOU EVER BEEN COMMITTED TO A M (If yes, explain.)	IENTAL INSTITUTE OR PSYCHIATRIC FACILITY? []YES []NO
HAVE YOU EVER BEEN ACQUITTED OF A C DEFECT? (Defined in Sec. 704-411, HRS) []	RIME ON THE GROUNDS OF MENTAL DISEASE, DISORDER, OR YES []NO (If yes, explain.)
PURPOSE FOR CARRYING A FIREARM OR \	WEAPON: (Detailed Explanation)
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WEAPONS TO BE CARRIED:	
MANUFACTURER:	TYPE:
CALIBER:	FACTORY NUMBER:
REGISTERED TO:	
ADDRESS:	
WHERE REGISTERED:	REGISTRATION NUMBER:

WEAPONS TO BE CARRIED (Continued): TYPE: _____ MANUFACTURER: FACTORY NUMBER: CALIBER: REGISTERED TO: ADDRESS: WHERE REGISTERED: REGISTRATION NUMBER: MANUFACTURER: _____ TYPE:____ FACTORY NUMBER: CALIBER: REGISTERED TO: WHERE REGISTERED: REGISTRATION NUMBER: MANUFACTURER: TYPE:_____ FACTORY NUMBER:_____ CALIBER: REGISTERED TO: ADDRESS: WHERE REGISTERED: REGISTRATION NUMBER: I hereby certify that all statements in this application are true and correct to the best of my knowledge and understand that any misstatements of material facts herein may constitute grounds for the revocation of any license issued on the strength of such facts. APPLICANT'S PHOTOGRAPH APPLICANT'S SIGNATURE DATE: DATE: TIME: POLICE DEPARTMENT USE ONLY

EMPLOYER CERTIFICATION

This is to certify that	is employed by the below mentioned			
company as a	that the nature of his/her duties			
require that he/she carry the weapons described herein for	the purpose stated, and that the applicant is qualified to use			
said weapons as required by the rules and regulations of	the Police Chief, Governing the Carrying Of Concealed			
Weapons and the Carrying of Unconcealed Weapons by Pri	vate Detectives and Security Guards.			
	(Signature of Employer Or Representative)			
	(Printed Name of Employer Or Representative)			
	(Position/Title)			
	(Name of Company)			
Subscribed and sworn to before me this	(Company Address)			
day of,				
Notary Public, Third Judicial Circuit, State of Hawaii My Commission Expires:				
CHIEF'S	OFFICE			
Firearms proficiency demonstrated on				
Examined by:	[]ACCEPT []REJECT			
Special Conditions Governing Permit:				
[]APPROVED []DISAPPROVED DATE:	PERMIT No.:			
LICENSE FEE (\$10.00) RECEIVED BY:	PERMIT EXPIRES:			
POLICE CHIEF	DATE			
TODICE CHIEF	DAIL			

HPD/ADMIN-0300 RETENTION: 2 YEARS

HAWAII POLICE DEPARTMENT APPLICANT'S WAIVER OF LIABILITY AND RELEASE FORM FOR APPLICATION FOR LICENSE TO CARRY FIREARMS AND WEAPONS

thorough investigation of my background, family, personal habits, and reputation for the purpose of determining my fitness and suitability for a license to carry a firearm in the County of Hawaii:
harmless from any liability under any and all possible causes of legal action any and all persons that shall furnish any information or opinions regarding my background, family, personal habits or reputation in order to determine whether I am able to meet the qualifications to carry a firearm in the County of Hawaii.
The undersigned hereby authorizes any person or legal entity who may be contacted by Department officers, employees, or agents to release and transmit to such officers, employees, or agents, any information, data, or opinions they may have regarding my background, family, personal entities contacted by the Department. Further, the undersigned waives for this purpose any and all legal privileges I may have to maintain such information as confidential, including but not limited to the following privileges: attorney-client, clergyman-penitent, husband-wife, creditor-customer, and accountant-client.
The undersigned further agrees to hold harmless and release from liability under any and all possible causes of legal action the Department, its officers, its employees, and its agents, for any statements, acts, or omissions in the course of its investigation into my background, family, personal habits, and reputation.
I further realize that it is necessary for the Department to thoroughly investigate all aspects of my personal background and qualifications and, by applying for a license to carry a firearm in the County of Hawaii, I expressly waive all of my legal rights and causes of action to the extent that the Hawaii Police Department investigation (for purposes of evaluating my suitability or application to carry a firearm) may violate or infringe upon these aforementioned legal rights and cases of action of mine. I hereby authorize the Department to reproduce this form to be used solely for the purposes of my application for a license to carry a firearm in the County of Hawaii.
This release from liability given by me to the Department, its officers, employees, agents, and all others as neretofore provided, shall apply to any right of action that might accrue to myself, my heirs, and personal representatives.
Applicant's Signature
Sworn to before me thisday of,,
(Print & Sign)
Notary Public, Circuit
State of My commission expires
MAN VOLUMBOUCH VANDES