

# STATE OF HAWAI'I PERMIT TO ACQUIRE FIREARMS APPLICATION

Permit Application Number: \_\_\_\_\_

Long Gun Permit to Acquire  Pistol/Revolver Permit to Acquire  Imported Firearm(s)  Use Only Permit

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Alias/Nickname/Maiden name(List ALL): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

U.S. Citizen:  YES  NO If NO, Country of Citizenship: \_\_\_\_\_

Alien or I-94 Admission number: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Hawai'i Address: \_\_\_\_\_ Address Type:  Residence  Business  Sojourn

Email Address: \_\_\_\_\_ (optional)

Phone (Home/Cell/Other): \_\_\_\_\_ Phone (Business): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

If firearms are imported, Date firearms or applicant arrived  
city and state imported from: \_\_\_\_\_ in Hawai'i (whichever is latest): \_\_\_\_\_

Permit for motion picture films or television program production ONLY [HRS §134-2.5(b)]

Applicant name or officer of firm/corporation Business name Type of business engaged

Business Address Phone

Full description of the use of firearms or explosives

Name of person(s) using props

\*\*\*An application for a permit to acquire firearms shall require the fingerprinting and photographing of the applicant by the police department of the county of registration; provided that where fingerprints and photograph are already on file with the department, these may be waived. [HRS §134-2(b)]\*\*\*

**CONTINUE TO FIREARM APPLICATION QUESTIONNAIRE**

# FIREARM APPLICATION QUESTIONNAIRE

Please answer the questions below by WRITING YOUR INITIALS on the line under "yes" or "no."

YES NO

1. Are you a fugitive from justice? [HRS §134-7(a) and 18 U.S.C. §922(g)(2)] \_\_\_\_\_ \_\_\_\_\_
  
2. Are you under indictment or information, or have waived indictment, or bound over to the circuit court, in this State or elsewhere, for a crime punishable by imprisonment for a term exceeding one year? \_\_\_\_\_ \_\_\_\_\_  
[HRS §134-7(b) and 18 U.S.C. §922(n)]
  
3. Have you been convicted, in this State or elsewhere, of a crime punishable by imprisonment for a term exceeding one year? [HRS §134-7(b) and 18 U.S.C. §922(g)(1)] \_\_\_\_\_ \_\_\_\_\_
  
4. Are you under indictment or information, or have waived indictment, or bound over to the circuit court, in this State or elsewhere, for any crime of violence or for the illegal sale of any drug? [HRS §134-7(b)] \_\_\_\_\_ \_\_\_\_\_
  
5. Have you been convicted, in this State or elsewhere, for any crime of violence or for the illegal sale of any drug? [HRS §134-7(b)] \_\_\_\_\_ \_\_\_\_\_
  
6. Are you or have you been under treatment or counseling for addiction to, abuse of, or dependence upon any dangerous, harmful, or detrimental drug, intoxicating compound, or intoxicating liquor, or controlled substance? [HRS §134-7(c)(1)] \_\_\_\_\_ \_\_\_\_\_  
If yes, Include name of treating physician: \_\_\_\_\_
  
7. Are you an unlawful user of or addicted to any controlled substance? [18 U.S.C. §922(g)(3)] \_\_\_\_\_ \_\_\_\_\_  
If yes, Include name of treating physician: \_\_\_\_\_
  
8. Are you authorized to utilize marijuana for medical purposes? [18 U.S.C. §922(g)(3)] \_\_\_\_\_ \_\_\_\_\_  
If yes, please provide expiration date of authorization: \_\_\_\_\_  
and the state which issued authorization: \_\_\_\_\_
  
9. Have you been acquitted of a crime on the grounds of mental disease, disorder, or defect? [HRS §134-7(c)(2)] \_\_\_\_\_ \_\_\_\_\_  
If yes, Include name of treating physician: \_\_\_\_\_
  
10. Have you been adjudicated as a mental defective or have been committed to any mental institution? [18 U.S.C. §922(g)(4)] \_\_\_\_\_ \_\_\_\_\_  
If yes, Include name of treating physician: \_\_\_\_\_
  
11. Have you been diagnosed as having a behavioral, emotional, or mental disorder(s)? [HRS §134-7(c)(3)] \_\_\_\_\_ \_\_\_\_\_  
If yes, Include name of treating physician: \_\_\_\_\_
  
12. Are you or have you been under treatment for organic brain syndrome(s)? [HRS §134-7(c)(3)] \_\_\_\_\_ \_\_\_\_\_  
If yes, Include name of treating physician: \_\_\_\_\_

Please answer the questions below by WRITING YOUR INITIALS on the line under "yes" or "no."

YES NO

- 13. Are you an illegal alien or unlawfully in the United States? [18 U.S.C. §922(g)(5)(A)] \_\_\_\_ \_\_\_\_
- 14. Have you been admitted to the United States under a nonimmigrant visa? [18 U.S.C. §922(g)(5)(B)] \_\_\_\_ \_\_\_\_
- 15. Are you less than 25 years old and have been adjudicated by the family court to have committed a felony, two or more crimes of violence, or an illegal sale of any drug? [HRS §134-7(d)] \_\_\_\_ \_\_\_\_
- 16. Have you been discharged from the Armed Forces under dishonorable conditions? [18 U.S.C. §922(g)(6)] \_\_\_\_ \_\_\_\_
- 17. Have you renounced your United States citizenship? [18 U.S.C. §922(g)(7)] \_\_\_\_ \_\_\_\_
- 18. Are you restrained pursuant to an order of any court, including ex parte order, from contacting, threatening, or physically abusing (to also include harassing and stalking) any person? [HRS §134-7(f) and 18 U.S.C. §922(g)(8)(A-B)] \_\_\_\_ \_\_\_\_
- 19. Have you been convicted of a misdemeanor crime of domestic violence? [18 U.S.C. §922(g)(9)] \_\_\_\_ \_\_\_\_

20. EXPLANATION FOR ANY 'YES' ANSWERS:


**HRS §134-17 Penalties.** (a) If any person gives false information or offers false evidence of the person's identity in complying with any of the requirements of this part, that person shall be guilty of a misdemeanor, provided, however that if any person intentionally gives false information or offers false evidence concerning their psychiatric or criminal history in complying with any of the requirements of this part, that person shall be guilty of a class C felony.

**\*\*\* Do NOT sign until instructed to do so.**

**\*\*\* I declare under penalty of law that the forgoing is true and correct.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ISSUING AUTHORITY

\_\_\_\_\_  
BADGE/ID NO.

**Kauai County**  
\_\_\_\_\_  
COUNTY OF ISSUING AUTHORITY