

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(es) / Nickname(s) / Maiden name / Other names previously used (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

Email Address: _____ Sojourn

Phone (Home/Cell/Other): _____ Phone (Business): _____

Occupation: _____ Employer: _____ Bus. Address: _____

If firearms are imported, city and state imported from: _____ Date firearms or applicant arrived 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 APPLICATION QUESTIONNAIRE

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); 18 U.S.C. § 922(g)(2)] _____ _____

A “fugitive from justice” is any person who has fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceeding. [18 U.S.C. § 921(a)(15)]

2. In the State of Hawai‘i or elsewhere, have you ever been convicted of any felony or have you ever been convicted of any crime punishable by more than one (1) year in prison? [HRS § 134-7(a); HRS § 134-7(b); 18 U.S.C. § 922(g)(1)] _____ _____

3. Have you ever been convicted, in the State of Hawai‘i or elsewhere, of a misdemeanor crime of domestic violence? [HRS § 134-7(a); 18 U.S.C. § 922(g)(9)] _____ _____

4. Within the past twenty (20) years, have you been convicted, in the State of Hawai‘i or elsewhere, of any of the following: _____ _____

- a crime of violence;
- a criminal offense relating to firearms; or
- the illegal sale or distribution of any drug? [HRS § 134-7(b); HRS § 134-7(h)]

A “crime of violence” means any offense under federal or Hawai‘i law, or the law of another U.S. state, a United States territory, or the District of Columbia that has as an element of the offense: (1) the injury or threat of injury to the person of another; (2) the use, attempted use, or threatened use of physical force against the person or property of another; or (3) the creation of a substantial risk of causing bodily injury. It also includes the following offenses:

- reckless endangering in the second degree under HRS § 707-714;
- terroristic threatening in the second degree under HRS § 707-717;
- sexual assault in the fourth degree under HRS § 707-733;
- endangering the welfare of a minor in the second degree under HRS § 709-904;
- endangering the welfare of an incompetent person under HRS § 709-905;
- harassment under HRS § 711-1106(1)(a);
- harassment by stalking under HRS § 711-1106.5;
- criminal solicitation and criminal conspiracy for one of the above-referenced offenses; and
- offenses under federal law, or the law of another state, a United States territory, or the District of Columbia that are comparable to the offenses described or listed above. [HRS § 134-1]

A “criminal offense relating to firearms” means (1) any criminal offense defined under HRS chapter 134 punishable as a misdemeanor; (2) criminally negligent storage of a firearm under HRS § 707-714.5; or (3) any other criminal offense punishable as a misdemeanor under federal or state law or the law of another state, a United States territory, or the District of Columbia that has as an element of the offense the use, attempted use, threatened use, or possession of a firearm. [HRS § 134-1]

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

5. In the State of Hawai'i or elsewhere, are you currently being prosecuted (or do you otherwise have pending charges) for any of the following: _____

- a felony;
- a crime punishable by more than one (1) year in prison;
- a crime of violence;
- a criminal offense relating to firearms; or
- the illegal sale or distribution of any drug?

[HRS § 134-7(a); HRS § 134-7(b); 18 U.S.C. § 921(a)(14); 18 U.S.C. § 922(n)]

A "crime of violence" means any offense under federal or Hawai'i law, or the law of another U.S. state, a United States territory, or the District of Columbia that has as an element of the offense: (1) the injury or threat of injury to the person of another; (2) the use, attempted use, or threatened use of physical force against the person or property of another; or (3) the creation of a substantial risk of causing bodily injury. It also includes the following offenses:

- reckless endangering in the second degree under HRS § 707-714;
- terroristic threatening in the second degree under HRS § 707-717;
- sexual assault in the fourth degree under HRS § 707-733;
- endangering the welfare of a minor in the second degree under HRS § 709-904;
- endangering the welfare of an incompetent person under HRS § 709-905;
- harassment under HRS § 711-1106(1)(a);
- harassment by stalking under HRS § 711-1106.5;
- criminal solicitation and criminal conspiracy for one of the above-referenced offenses; and
- offenses under federal law, or the law of another state, a United States territory, or the District of Columbia that are comparable to the offenses described or listed above. [HRS § 134-1]

A "criminal offense relating to firearms" means (1) any criminal offense defined under HRS chapter 134 punishable as a misdemeanor; (2) criminally negligent storage of a firearm under HRS § 707-714.5; or (3) any other criminal offense punishable as a misdemeanor under federal or state law or the law of another state, a United States territory, or the District of Columbia that has as an element of the offense the use, attempted use, threatened use, or possession of a firearm. [HRS § 134-1]

Please answer the questions below by WRITING YOUR INITIALS on the line under “yes” or “no.” YES NO

6. If you are less than 25 years old, have you been found by a family court to have committed any of the following: a felony, a crime of violence, a criminal offense relating to firearms, or an illegal sale or distribution of any drug? [HRS § 134-7(d)] _____

Please refer to the definitions of “criminal offense relating to firearms” and “crime of violence” in Questions 4 and 5. If this question is not applicable because you are not less than 25 years old, write your initials under “no.”

7. In the State of Hawai‘i or elsewhere, have you ever been adjudged to be an “incapacitated person”? [HRS § 134-7(c)(5); HRS § 560:5-102] _____

“Incapacitated person” means an individual who, for reasons other than being a minor, is unable to receive and evaluate information or make or communicate decisions to such an extent that the individual lacks the ability to meet essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance. [HRS § 560:5-102]

8. In the State of Hawai‘i or elsewhere, have you ever been adjudged to meet the criteria for involuntary hospitalization under HRS § 334-60.2? [HRS § 134-7(c)(4); HRS § 334-60.2] _____

A person may be committed to a psychiatric facility for involuntary hospitalization, if the court finds: (1) that the person is mentally ill or suffering from substance abuse; (2) that the person is imminently dangerous to self or others; and (3) that the person is in need of care or treatment, or both, and there is no suitable alternative available through existing facilities and programs which would be less restrictive than hospitalization. [HRS § 334-60.2]

9. Are you an alien “illegally or unlawfully in the United States”? [18 U.S.C. § 922(g)(5)(A)] _____

10. Are you currently admitted to the United States under a nonimmigrant visa? [18 U.S.C. § 922(g)(5)(B)] _____

11. Have you ever renounced your United States citizenship? [18 U.S.C. § 922(g)(7)] _____

12. Have you ever been discharged from the Armed Forces under dishonorable conditions? [18 U.S.C. § 922(g)(6)] _____

Please answer the questions below by **WRITING YOUR INITIALS** on the line under “yes” or “no.” YES NO

13. Do you use any illegal drugs, do you abuse any prescription drugs, or are you addicted to any controlled substance? [18 U.S.C. § 922(g)(3)] _____

14. Are you or have you been under treatment or counseling for addiction to, abuse of, or dependence on alcohol or any harmful or dangerous drugs? [HRS § 134-7(c)(1)] _____

If you answered “yes,” please provide the name and address of your treating physician: _____

15. Are you authorized to use marijuana for medical purposes in the State of Hawai'i or any other state? [18 U.S.C. § 922(g)(3)] _____

If you answered “yes,” please provide the expiration date of your authorization: _____
and the state that issued the authorization: _____

16. Have you ever been acquitted of a crime, in the State of Hawai'i or elsewhere, on the grounds of mental disease, disorder, or defect? [HRS § 134-7(c)(2)] _____

If you answered “yes,” please provide the name and address of your treating physician, if any: _____

17. In the State of Hawai'i or elsewhere, have you been adjudicated as a mental defective or been committed to any mental institution? [18 U.S.C. § 922(g)(4)] _____

18. Have you been diagnosed with or treated for a behavioral, psychological, emotional, or mental condition or disorder? _____

If you answered “yes” to this question, you must complete the supplemental questionnaire in Appendix A. [HRS § 134-7(c)(3)]

*A “yes” response to this question will **NOT** automatically result in the denial of your application. Additional information is required to allow the issuing authority to determine whether you have been diagnosed with or treated for “a medical, behavioral, psychological, emotional, or mental condition or disorder that causes or is likely to cause impairment in judgment, perception, or impulse control to an extent that presents an unreasonable risk to public health, safety, or welfare if the person were in possession or control of a firearm[.]” [HRS §134-7(c)(3).]*

HRS § 134-17 Penalties. (a) If any person intentionally, knowingly, or recklessly makes any materially false, fictitious, or fraudulent statement or representation in connection with any of the requirements of this part, that person shall be guilty of a misdemeanor; provided that if any person intentionally, knowingly, or recklessly makes any materially false, fictitious, or fraudulent statement or representation regarding the person's psychiatric or criminal history in connection 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

KAUAI
COUNTY OF ISSUING AUTHORITY

APPENDIX A SUPPLEMENTAL QUESTIONNAIRE

You must complete this supplement to the State of Hawai'i Permit to Acquire Firearms Application if you answered "yes" to Question 18, indicating that you have been diagnosed with or treated for a behavioral, psychological, emotional, or mental condition or disorder. **Under Hawai'i law, not every behavioral, psychological, emotional, or mental condition or disorder will result in a denial of this application.** Additional information is necessary to enable the issuing authority to determine whether you have a "medical, behavioral, psychological, emotional, or mental condition or disorder that causes or is likely to cause impairment in judgment, perception, or impulse control to an extent that presents an unreasonable risk to public health, safety, or welfare if the person were in possession or control of a firearm[.]" HRS §134-7(c)(3).

Additionally—even if an applicant has been previously treated for, or previously diagnosed with, a medical, behavioral, psychological, emotional, or mental condition or disorder that causes or is likely to cause impairment in judgment, perception, or impulse control to an extent that presents an unreasonable risk to public health, safety, or welfare if the person were in possession or control of a firearm—an applicant can establish, with appropriate medical documentation, that the person is "no longer adversely affected by" the condition or disorder, HRS §134-7(c), which means that the condition or disorder has been controlled and that the applicant no longer presents an unreasonable risk to public health, safety, or welfare if in possession or control of a firearm.

The following questions are intended to allow the issuing authority to determine whether you meet the relevant statutory criteria to own, possess, or control a firearm and ammunition, and will not be used for any other purpose. Truthful responses will be kept confidential unless disclosure is required or permitted by law.

We recognize the critical importance of mental health and advocate proactive management of mental health conditions to support wellness and recovery. While most individuals with mental health conditions do not present risks to themselves or others, there may be times when such a condition can affect a person's eligibility to own, possess, or control a firearm or ammunition. Nothing in this supplemental questionnaire is intended to discourage those who might benefit from such treatment from seeking it. Having sought or received mental health care for personal wellness and recovery may contribute favorably to decisions about your eligibility.

1. What behavioral, psychological, emotional, or mental conditions or disorders have you been diagnosed with or treated for?

2. Approximately when were you diagnosed with or treated for each of these conditions or disorders?

3. Please state the name, address, and phone number of any physicians, psychiatrists, psychologists, or therapists from whom you currently receive treatment for the conditions or disorders identified in your response to question 1 of this supplemental questionnaire. If you are not currently receiving treatment, please state the name, address, and phone number of your last treating physician, psychiatrist, psychologist, or therapist.

4. Please state in detail any symptoms you have experienced as a result of the conditions or disorders identified in your response to question 1 above. Please also state when you last experienced symptoms.

5. Please state in detail any treatment or medications you have received or taken in the previous five (5) years to treat or manage the conditions or disorders identified in your response to question 1.

- 6. Have you ever attempted suicide? YES NO
- 7. Have you ever been told that because of your condition or disorder you may pose a danger to yourself or others? YES NO
- 8. Have you been hospitalized for a behavioral, psychological, emotional, or mental condition or disorder within the past ten (10) years? YES NO
- 9. Within the past ten (10) years, in the State of Hawai'i or elsewhere, have you been denied a permit to acquire or to carry firearms, denied registration of a firearm, or had any firearms-related permit or registration revoked? YES NO

If you answered "yes" to questions 6, 7, 8, or 9, please describe: (1) the circumstances that led you to answer "yes," (2) how the situation evolved and when it was resolved, if at all, and; (3) whether you would pose a danger to yourself or others if in possession of firearms or ammunition, and if not, why you believe you would not pose such a danger. You may attach any supporting documents to this form. You may also provide any additional information that you believe the issuing authority should be aware of in connection with your application, or that you believe may be relevant to your application.

HRS § 134-17 Penalties. (a) If any person intentionally, knowingly, or recklessly makes any materially false, fictitious, or fraudulent statement or representation in connection with any of the requirements of this part, that person shall be guilty of a misdemeanor; provided that if any person intentionally, knowingly, or recklessly makes any materially false, fictitious, or fraudulent statement or representation regarding the person's psychiatric or criminal history in connection 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

KAUAI
COUNTY OF ISSUING AUTHORITY

Authorization for Use or Disclosure of Protected Health Information (PHI)

Organization Disclosing PHI Name: State of Hawaii Adult Mental Health Division (AMHD) PO Box 3378 Honolulu, HI 96801-3378	Name of Individual/Organization (Other than AMHD) Disclosing PHI Name:
Organization That Will Receive the Individuals PHI Kaua`i Police Department 3990 Kaana Street, Suite 200 Lihue, HI 96766	
Client/Patient Whose PHI is being Requested	
First Name:	Last Name:
Address:	Birthday:
	Social Security Number:
I, Authorize that the Following Health Information be Used/Disclosed: (Please Initial Below)	
_____ Mental Health	_____ Substance Abuse Treatment and/or Counseling
The Protected Health Information is Being Used or Disclosed for the Following Purpose (At the request of the Individual is an acceptable purpose of the request made by the individual and the individual does not want to state specific purpose)	
To determine my qualifications to own, possess, or control any firearm or ammunition.	
Authorize Duration (The authorization will be in force and effect until the event specified below. At that time, this authorization to use or disclose this protected health information expires).	
Expiration of Authorization Event That Relates to the Purpose of the Use or Disclosure:	
My disqualification from owning, possessing, or controlling any firearm or ammunition.	
I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the above stated county police department. I understand that a revocation is not effective to the extent that the county police department has relied on the use or disclosure of the protected health information.	
I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. However, I understand that information related to education (FERPTA, 34 CFR, Part 99), alcohol or drug treatment services (42 CFR Part 2) may not be re-disclosed without my authorization.	
Signature:	Date:
Print Name:	

State and National Criminal History Record Check
Consent & Notification

At minimum, the below consent & notification must be obtained from each applicant for which fingerprints are submitted to the HCJDC and the FBI. Electronic consent & notification is acceptable. All of the information highlighted is REQUIRED.

Department: Kauai Police Department

Division: Records Division

Position: Firearms Section

Name: _____

Alias (es): _____

SSN: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Eyes: _____ Hair Color: _____

Place of Birth: _____ Date of Birth: _____

Citizenship: _____

- I have not been convicted of a crime.
 I have been convicted of the following crime(s):

Describe the crime(s) and the particulars, such as dates, offense, and disposition (attach additional sheets as necessary):

I, undersigned, hereby authorize the Department/Division listed above submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing the state and national criminal history records that may pertain to me. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes used authorized for fingerprint submissions, which may include participation in the state and national rap back program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint based criminal history record check. Should the Department/Division policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correcting, or update of my criminal history record are set for in Title 28, Code of Federal Regulations, and Section 16.34.

I acknowledge that I have read, understand, agree to the FBI Privacy Act Statement.

Signature: _____ Date: _____