



Massachusetts Department of  
Criminal Justice Information Services  
**Firearms Records Bureau**  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150  
TEL: 617-660-4782 | [mass.gov/cjis](https://mass.gov/cjis)

**NOTICE FOR RESIDENT ALIEN PERMIT APPLICANTS**

Lawful permanent resident aliens (green card holders) are eligible to apply for a Massachusetts resident license to carry (LTC) firearms or firearms identification (FID) card.

Massachusetts LTCs and FID cards are issued through the applicant's local police department and are valid for up to six years. A LTC allows the holder to possess and purchase firearms, rifles, shotguns, and ammunition. A FID card allows the holder to possess and purchase non-large capacity rifles, shotguns, and ammunition.

Massachusetts resident LTC and FID card applications can be found on the Firearms Record Bureau's website (<https://www.mass.gov/firearms-services>).

The Firearms Records Bureau will continue to process all other resident alien permit applications submitted in accordance with G.L. c. 140 § 131H.



Massachusetts Department of  
Criminal Justice Information Services  
**Firearms Records Bureau**  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150  
TEL: 617-660-4782 | [mass.gov/cjis](http://mass.gov/cjis)

### **Application for Resident Alien Permit to Possess Rifles or Shotguns – IMPORTANT INFORMATION**

---

All firearms licenses 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.

Every applicant is required to appear in-person at the Firearms Records Bureau (FRB) for the first resident alien permit and every six years thereafter. **You will still need to renew your permit annually**, however the application will be processed by mail until the next required in-person appearance.

If an in-person appearance is required, you will receive a notice by mail or email with your scheduled date and time to appear at this office. Appointments will be scheduled in the order that completed applications are received.

*Applicants should apply for renewal a minimum of 90 days in advance.*

Pay close attention to the application instructions, as a mistake on the application or omission of required documentation will result in a delay in issuance or a denial of the application. *Please take note of the enclosed explanation of applicable license restrictions.*

## Resident Alien Permit Application Instructions

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

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

The following items must be received and applications must be complete to be processed:

1. **Fee:** The **non-refundable** application fee is \$100.00. Only bank or postal money orders and certified bank checks made payable to "Commonwealth of Massachusetts" will be accepted as payment. *Cash, personal checks, or business checks are not accepted.*
2. **Firearms Safety Course:** First time applicants must submit a copy of a certificate showing completion of a Massachusetts Basic Firearms Safety Course. **This course must have been taken with an instructor who is certified by the Colonel of the Massachusetts State Police** (*ask your instructor prior to taking the course if he is certified in Massachusetts*).

A current list of acceptable courses and a roster of certified instructors are available by searching here: <https://www.mass.gov/firearms-services>

A Massachusetts Division of Fisheries and Wildlife hunter education course is a valid substitute for the Firearms Safety Certificate.

2. **Immigration Card and Passport:** Resident aliens must enclose a photocopy of their immigration card or VISA (containing the alien registration number) and passport (containing passport number), and, if applicable, a photocopy of other documents allowing for lawful entry into the United States.
3. **Home Address:** All applicants must complete the information for street, city/town, state, and zip code. *P.O. Box numbers are not accepted for residential address.*
3. **Self-addressed, stamped envelope:** Used to mail the completed license.

**\*Applications must be complete and accurate\***

**\*Inaccurate or false information will result in a denial of the application\***

Mail the completed package to:

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

Note:

- All applications are initially processed through the mail; walk-in service is *not* available.
- If you are a first time applicant or a renewal applicant that requires an in-person appearance, you will be contacted by mail or email in 2-3 weeks with your scheduled appointment date.
- If you are a renewal applicant and do not require an in person appearance, your application will be processed solely through the mail.
- The Firearms Records Bureau does not provide interpreting services. If English is not your first language, you may bring a family member or friend for assistance.



**THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE  
OFFICE OF PUBLIC SAFETY AND SECURITY**  
**Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4600 | TTY: 617-660-4606 | [mass.gov/cjis](http://mass.gov/cjis)

FRB USE ONLY  
FTN: \_\_\_\_\_  
LIC #: \_\_\_\_\_

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

**CHECK ONE:**

- ☐ New Applicant (you must attach a copy of your Massachusetts Rifle and Shotgun Safety Course certificate)
- ☐ Renewal - Previous Permit Number: \_\_\_\_\_

**IF AN IN PERSON APPEARANCE IS REQUIRED, INDICATE IF YOU WOULD LIKE YOUR  
APPOINTMENT DATE EMAILED:**

- ☐ YES (email address): \_\_\_\_\_
- ☐ NO (you will receive a notice in the mail)

**EXCEPT FOR SIGNATURE, PRINT OR TYPE ALL REQUESTED INFORMATION:**

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

|                     |        |                                       |            |                                   |          |                        |  |
|---------------------|--------|---------------------------------------|------------|-----------------------------------|----------|------------------------|--|
| Last Name           |        | First Name                            |            | Middle Name                       |          | Suffix                 |  |
| Residential Address |        | City                                  |            | State                             | Zip Code | Telephone Number       |  |
| Mailing Address     |        | City                                  |            | State                             | Zip Code | Telephone Number       |  |
| Date of Birth       |        | Place of Birth (City, State, Country) |            |                                   |          |                        |  |
| Mother's First Name |        | Mother's Maiden Name                  |            | Father's First Name               |          | Father's Last Name     |  |
| Height              | Weight | Build                                 | Complexion | Hair Color                        |          | Eye Color              |  |
| Occupation          |        |                                       |            | Social Security Number (Optional) |          | Drivers License Number |  |
| Employed By         |        |                                       |            | Business Address                  |          |                        |  |
| City/Town           |        | State                                 | Zip        | Telephone Number                  |          |                        |  |

**ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY:**

1. Are you a citizen of the United States? ☐ YES ☐ NO

If no, what is your Alien Registration Number? \_\_\_\_\_

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. You must include a photocopy of these documents: \_\_\_\_\_

Entry into the United States:

Port of Entry

Date of Entry

2. Have you ever renounced your U.S. citizenship? ☐ YES ☐ NO
3. What is your age? \_\_\_\_\_ (You must be 21 to apply for this permit)
4. Have you ever been arrested or appeared in court as a defendant for any criminal offense? ☐ YES ☐ NO
5. Are you the subject of any pending criminal charges? ☐ YES ☐ NO
6. Have you ever been convicted of a felony? ☐ YES ☐ NO
7. Have you ever been convicted of the unlawful use, possession, or sale of controlled substances as defined in M.G.L. c. 94C, § 1? ☐ YES ☐ NO
8. Have you ever been convicted of a violent crime or a crime of domestic violence? ☐ YES ☐ NO
9. Have you ever been convicted as an adult or adjudicated a youthful offender or delinquent child in any state or federal jurisdiction? ☐ YES ☐ NO
10. Are you now, or have you ever been the subject of a restraining order issued pursuant to M.G.L. c. 209A, or a similar order issued by another jurisdiction? ☐ YES ☐ NO
11. Are you currently the subject of any outstanding arrest warrant in any state or federal jurisdiction? ☐ YES ☐ NO
12. Have you ever been committed to any hospital or institution for mental illness, or alcohol or substance abuse? ☐ YES ☐ NO
13. Has any firearms license issued under the laws of any state or territory ever been suspended, revoked, or denied? ☐ YES ☐ NO
14. Have you been discharged from the armed forces of the United States under dishonorable conditions? ☐ YES ☐ NO
15. Have you been the subject of an order of the probate court appointing a guardian or conservator? ☐ YES ☐ NO

**If you answered "YES" to any of the questions 2-14, give details which must include dates, circumstances and location; use a separate sheet of paper if necessary.**

---

---

---

---

Have you ever used or been known by another name?

☐ YES ☐ NO

If "YES", provide name and explain: \_\_\_\_\_

Other than Massachusetts, in what state(s), territory(ies), or jurisdiction(s) have you lived?

☐ NONE

\_\_\_\_\_

Have you ever held a firearms license in any other state, territory or jurisdiction?

☐ YES ☐ NO

If "YES", when, where, and license number? \_\_\_\_\_

\_\_\_\_\_

Reason(s) for requesting the issuance of a card or license:

☐ Target & Hunting      ☐ Sporting      ☐ Other

Use the lines below to indicate why you are requesting the issuance of the permit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*WARNING\*** 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 (M.G.L. c.140, §§ 129B(8), 131(h)).

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 license to carry firearms. I understand that filing an application that contains false information is a criminal offense.

Signed under the penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_  
date month year

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

**NOTE CHANGE OF ADDRESS REQUIREMENT:**

FAILURE BY A HOLDER OF A LTC 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.

**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.