

APPLICATION FOR FIREARM IDENTIFICATION CARD

POLICE DEPARTMENT

SOUTH HADLEY, MASSACHUSETTS 01075

Date \_\_\_\_\_

TO THE CHIEF OF POLICE OF THE TOWN OF SOUTH HADLEY OR HIS DESIGNEE.

This is to certify that the undersigned is the parent or guardian of \_\_\_\_\_ age \_\_\_\_\_.

I have read S. 129B of Ch. 140 Massachusetts General Laws and state affirmatively that my above named child is not disqualified for any of the reasons from possessing such a Firearm Identification Card other than item e.

I hereby grant permission to my above named child to apply for and obtain such a Firearm Identification Card and I further grant permission to the Chief of Police of the Town of South Hadley or his designee to issue such card to my above named child.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Witness - Police Officer  
Town of South Hadley