



# Gun Owners' Action League

37 Pierce Street, P.O. Box 567 • Northboro, MA 01532-0567  
Phone: (508) 393-5333 • Fax: (508) 393-5222  
Web site: <http://www.goal.org> • e-mail: [staff@goal.org](mailto:staff@goal.org)

February 25, 2008

The Honorable Deval Patrick  
Governor of the Commonwealth of Massachusetts  
State House  
Boston, MA 02133

Dear Governor Patrick,

We are writing to you once again to urge that your administration take action to see that Massachusetts firearms licensing law is clearly and impartially implemented across the state.

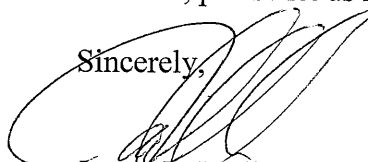
In past letters, we have provided evidence to your office about towns that were charging more than the fee set by statute. GOAL has documented that some towns are requiring physician's notes beyond the purposes laid out in statute. We have sent you copies of numerous citizen complaints about the city of Worcester, where the chief delays final approval for two or three months.

However, today we write to you about a city that does not even use the standard state application for a license to carry a firearm or firearm identification card! As you can see, the application used by the city of Boston bears little or no resemblance to the standard application required by Chapter 140, §131(g) and §129B(7).

Governor, we urge your administration to remind the City of Boston to use the standard application provided by the state, and to stick to the procedure laid out in the law.

Should you have any questions, or require additional documentation, please let us know.

Sincerely,



James L. Wallace  
Executive Director



# LICENSE TO CARRY FIREARMS APPLICATION

# G13 CIVILIAN

### TO BE COMPLETED BY APPLICANT

Name \_\_\_\_\_  
LAST FIRST M

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Maiden Name \_\_\_\_\_

Occupation \_\_\_\_\_

Residence \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Business \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Born in U.S.: YES \_\_\_\_\_ NO \_\_\_\_\_

City and State of Birth \_\_\_\_\_

If not U.S., where? \_\_\_\_\_

Date of Naturalization. \_\_\_\_\_

Male or Female \_\_\_\_\_

Height \_\_\_\_\_ Ft \_\_\_\_\_

Weight \_\_\_\_\_ Complexion \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_

ARE YOU CURRENTLY THE SUBJECT OF ANY ORDER  
ISSUED PURSUANT TO CHAPTER 209A OF THE  
MASSACHUSETTS GENERAL LAW? \_\_\_\_\_

IF "YES" PLEASE EXPLAIN WHEN AND WHERE:

REASON FOR ISSUING PERMIT:

**I HEREBY SWEAR THAT THE ABOVE ANSWERS ARE TRUE  
AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND  
BELIEF. I UNDERSTAND THAT ANY FALSE ANSWER MAY BE  
USED IN A CRIMINAL PROCEEDING PURSUANT TO  
MASSACHUSETTS GENERAL LAW, CHAPTERS 140 SECTION  
129B AND 131. SIGNED UNDER THE PENALTIES OF PERJURY  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_**

SIGNATURE \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Financial Transaction # \_\_\_\_\_

Date Application Received \_\_\_\_\_

### CHECK AND INITIAL WHEN COMPLETED

Print Card \_\_\_\_\_  
Date Initial

Photograph \_\_\_\_\_  
Date Initial

Parking Tickets \_\_\_\_\_  
Date Initial

Range: Date \_\_\_\_\_

Receipt Number \_\_\_\_\_

Score Back:

Date \_\_\_\_\_ Initial \_\_\_\_\_

Record Check:

Date \_\_\_\_\_ Initial \_\_\_\_\_

### SIGN AND PUT PRINTS ON LICENSE

Date \_\_\_\_\_ Initial \_\_\_\_\_

APPROVED

License Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Expired \_\_\_\_\_

COMMISSIONER \_\_\_\_\_

DISAPPROVED Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY	
New	_____
Renewal	_____
License	_____
Issued	_____
Expires	_____
Origin	_____

11/99

# Boston Police Record Request

# W11

This record request will search your personal background for any criminal and/or motor vehicle violations. Your application cannot be processed without this record request, so please be sure that all information is correct and legible. Please **PRINT**.

The results of the record check are valid for thirty (30) days after the date of order.

Your I.D. will be checked when you turn in this record request. Record check results are for Boston Police Department internal use only; *the results will NOT be released to you.*

Today's Date: \_\_\_\_\_  
Month / Day / Year

Applicant Name: \_\_\_\_\_  
Last Name First Name MI

Your Date of Birth: \_\_\_\_\_  
Month / Day / Year

Driver's License Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OFFICE USE ONLY: (do NOT write below this line)**

Renewal Applicant

New Applicant

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_