

State of Maine Department of Inland Fisheries and Wildlife Maine Warden Service 353 Water St., 41 SHS, Augusta, ME 04333-0041 207-287-5240

RE 15 M.R.S.A., Section 393:

Before you apply for this permit the following qualification must be met: Five years must have elapsed from the date you were finally discharged from any and all sentences imposed as a result of the conviction or adjudication. Applicable sentences include commitment to juvenile correction or detention facilities, incarceration, probation and supervised release. You are not eligible to apply until you have been finally discharged from such sentences.

If you meet this qualification, submit the enclosed application answering all questions completely. Upon submitting the application, please include certified or attested copies of all documents indicated below.

- 1. Indictment information, complaint or juvenile petition;
- 2. Judgment and Commitment of Adjudication;
- 3. Discharge. The final date of discharge must be certified by the Department of Corrections in writing. The application date must be five (5) years from the final date of discharge;
- 4. Certified check in the amount of \$25.00, payable to Treasurer, State of Maine.

The documents identified in items 1 and 2 can be obtained from the clerk of the Superior Court of the County in which you were convicted or the clerk of the District Court in which you were adjudicated as a juvenile. Occasionally, adult conviction paperwork may be available through the District Court, if a guilty plea was accepted in that Court.

Upon the successful completion of the State process, which includes a background investigation by the Maine Warden Service, a partial permit allowing black powder weapons only may be issued. If you qualify for this partial permit and wish to have one issued, please complete the attached form and return it with the application. The black powder muzzle-loading weapon that you intend to possess may not be classified as a "firearm" under federal law. The definition of "firearm" is defined in 18 U.S.C. Chapter 44 Section 921 (a)(3).

If you have any questions about whether the weapon that you intend to possess is considered a firearm under federal law, contact a private attorney or the office of Bureau of Alcohol, Tobacco, Firearms and Explosives at 207-780-3324.

If you have any questions, feel free to contact a member of my staff at 287-5240.

Sincerely,

Major Aaron Cross Maine Warden Service



State of Maine Department of Inland Fisheries and Wildlife Maine Warden Service 353 Water St., 41 SHS, Augusta, ME 04333-0041

207-287-5240

Application for a Permit to Carry a Non-Concealed Firearm by a Prohibited Person

(Title 15, Section 393)

Application Fee: \$25.00 (certified check payable to: Treasurer, State of Maine)

Applicant's Complete Name:			Date of Birth
Aliases		<u></u>	City/State of Birth
Physical Address			Telephone Number(s)
City		State	Zip Code
Mailing Address			
City		State	Zip Code
E-Mail Address			
Height	Weight	Eye Color	Hair Color
Employer			
Employer Mailing Address			Employer Telephone Number
Employer City/Town		Employer State	Employer Zip Code
Conviction #1	CONV	ICTION INFORMATION	
Docket #	Conviction Date	Crime Committed and Level (A, B, C)	
Arresting Dept.		Sentencing Judge	Sentence Imposed
City/State Where Crime Committed	Your Address When C	Crime was Committed (City/State)	Place of Incarceration
Name/Address of Probation/Parole Of	ficer Date of Discharg	e or Release from Prison/Jail or termi	nation of Probation/Supervised Release
Conviction #2			
Docket #	Conviction Date	Crime Committed and Level (A, B,C)	
Arresting Dept.		Sentencing Judge	Sentence Imposed
City/State Where Crime Committed	Your Address When Cr	ime was Committed (City/State)	Place of Incarceration
Name/Address of Probation/Parole Of	ficer Date of Discharg	e or Release from Prison/Jail or termi	nation of Probation/Supervised Release

State reason for request and make, model, and serial number of firearm sought to be possessed

If more space is needed continue with a separate sheet of paper.

Applicant Questionnaire

1.	Have you been charged with a crime in Maine or any other jurisdiction since the date of your YES NO N/A	last application	?			
2.	If the answer to question 1 is yes, please list the charges, the disposition (outcome), and con law enforcement agencies involved.	tact information	for the			
	Docket Number: Conviction Date:					
	Crime Committed and Level (D, E and Civil)					
	Arresting Department:					
	Disposition (outcome):					
If more space is needed continue on a separate sheet of paper.						
3.	Are you a drug abuser, drug addict, or drug dependent person?	C YES	€no			
4.	4. Have you ever been involuntarily committed to a psychiatric hospital or facility?		€NO			
5.	Do you have a mental disorder that causes you to be potentially dangerous to yourself or oth	ers? CYES	€NO			
6.	Do you have any convictions or adjudications for violation of hunting or fishing laws, in Maine Or any other jurisdiction?	e Ceyes	GNO			
7.	To your knowledge, have you been the subject of an investigation by any law enforcement as Within the past 5 years regarding the alleged abuse by you of family or household members?		€no			
I understand that any false statement I make in this application or documents I make a part of this application may result in criminal prosecution for unsworn falsification, 17-A M.R.S. § 453; false swearing, 17-A M.R.S. §452; and other applicable laws.						
Signature and Notary						
Sta	ate of Maine					
	,ss Signature of Applicant:					

On this ______day of ______, 20____, personally appeared the above-named applicant and made oath that the statements and answers contained in this application, whether in writing or print, are true.

Before Me

(Notary Public and Seal)



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I ______ do wish to obtain the Black Powder Permit, if approved. This permit shall not be valid if I am convicted of any disqualifying charges after application. I understand that I do not have a Black Powder Permit until issued by the Commissioner of the Maine Department of Inland Fisheries and Wildlife.

Applicant Signature

Witness Signature

Witness Name (printed or typed)

Date

Date