



PAUL R. LEPAGE  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF  
INLAND FISHERIES & WILDLIFE  
284 STATE STREET  
41 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0041

CHANDLER E WOODCOCK  
COMMISSIONER

**TO THE APPLICANT:**

Please complete and return this entire package with following items:


- Application for a Permit to allow the use of a suppressor while hunting
- Authority of Authorization to Release Information form must be filled out completely by the applicant whether applying for the first time or renewing. Return this form with the application to the Maine Warden Service
- Copy of Driver's License
- Copy of Completed ATF Form 4 with Authorized Tax Stamp
- Fee of twelve dollars (\$12.00)

Once received, the Maine Warden Service will conduct a wildlife crimes background check. As soon as the background check has been completed, you will be notified by phone of the status of the permit.

**SEND YOUR COMPLETED APPLICATION PACKET TO:**

**MAINE WARDEN SERVICE  
284 STATE ST  
41 STATE HOUSE STATION  
AUGUSTA, ME 04333**

**MAKE CHECK PAYABLE TO: TREASURER, STATE OF MAINE**

 <p><b>STATE OF MAINE</b></p> <p><b>APPLICATION TO ALLOW THE USE OF A SUPPRESSOR WHILE HUNTING</b></p> <p><input type="checkbox"/> NEW \$12.00</p> <p><input type="checkbox"/> CHANGE OF ADDRESS (\$2.00)   <input type="checkbox"/> CHANGE OF NAME (\$2.00)</p>	<p><b>FOR OFFICE USE ONLY</b></p> <p>CHECK # _____ \$12.00</p> <p>PERMIT # _____</p> <p>ISSUE _____ DENY _____ DATE: _____</p> <p>EXPIRATION DATE IF ISSUED: _____</p>
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FULL NAME: \_\_\_\_\_

PRIOR LEGAL NAME(S): \_\_\_\_\_

ALIASES: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FT \_\_\_\_\_ IN

BIRTHPLACE: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

CITIZEN: \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ M \_\_\_\_\_ F

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_

CELL: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

LEGAL MAILING ADDRESS: \_\_\_\_\_

LEGAL PHYSICAL ADDRESS: \_\_\_\_\_

**LIST ALL ADDRESSES YOU HAVE LIVED AT DURING LAST 5 YEARS; INCLUDE MOVE IN AND MOVE OUT DATES; USE ADDITIONAL SHEET OF PAPER IF NEEDED:**

	MO/YR IN – MO/YR OUT

LIST OF ALL PREVIOUS HUNTING CONVICTIONS IN MAINE OR IN ANY OTHER JURISDICTION:

LIST OF ALL PREVIOUS HUNTING LICENSE REVOCATIONS OR SUSPENSIONS IN MAINE OR IN ANY OTHER JURISDICTION. FOR EACH REVOCATION, PLEASE IDENTIFY THE AGENCY OR AUTHORITY THAT REVOKED THE LICENSE AND THE DATE IT WAS REVOKED OR SUSPENDED. (INCLUDE EXPLANATIONS)

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION**

BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT YOU:

- A. Certify that the statements you have made on this application, and any documents you make a part of this application, are true and correct.
- B. I understand that any false statements I make in this application, or documents I make a part of this application, may result in criminal prosecution pursuant to 25 M.R.S.A. Section 2004(1) and/or 17-A M.R.S.A. Section 403, unsworn falsification.

\_\_\_\_\_  
Your Signature as Applicant

\_\_\_\_\_  
Date

**AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE PURPOSE OF EVALUATING INFORMATION SUPPLIED ON APPLICATION FOR PERMIT TO ALLOW THE USE OF A SUPPRESSOR WHILE HUNTING**

**TO ALL LAW ENFORCEMENT AGENCIES, INCLUDING COURTS, BOTH WITHIN AND WITHOUT THE STATE OF MAINE:**

**I hereby authorize and direct you to release to the issuing authority, or its representative, any information in your possession or control concerning me pertaining to the following:**

- 1) wildlife conviction data;**
- 2) any wildlife criminal matter in which a formal charging instrument is now pending;**
- 3) adjudication data relating to any juvenile wildlife offenses which involves conduct which, if committed by an adult, would be a crime;**
- 4) any juvenile matter in which a formal charging instrument is now pending involving any juvenile wildlife offense described in 3) above;**
- 5) fugitive from justice status;**
- 6) incidents of abuse of family or household members within the past five years;**
- 7) drug abuse, drug addiction or drug dependency;**
- 8) any mental disorder that causes me to be potentially dangerous to myself or others;**
- 9) reckless or negligent conduct as defined by 25 M.R.S. §2002(11) within the past five years;**
- 10) information of record indicating that I have been convicted of or adjudicated as having committed a violation of Title 17-A, chapter 45 or Title 22, section 2383, or adjudicated as having committed a juvenile crime that is a violation of Title 22, section 2383 or a juvenile crime that would be defined as a criminal violation under Title 17-A, chapter 45 if committed by an adult; and**
- 11) whether I am currently subject to an order of a Maine court or an order of a court of the United States or another state, territory, commonwealth or tribe that restrains me from harassing, stalking or threatening an intimate partner, as defined in 18 United States Code, Section 921(a), or a child of an intimate partner, or from engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to that intimate partner or the child.**

**TO ALL ABOVE-ADDRESSED GOVERNMENTAL ENTITIES:**

I hereby authorize and direct you to release to the issuing authority named below, or its representative, any information in your possession or control concerning me pertaining to the following:

- 1) my full name;
- 2) my full current address and address for prior 5 years;
- 3) the date and place of my birth and physical description;
- 4) my signature.

Should there be any question to the validity of this release, you may contact me at the address and/or the telephone number listed below.

<b>DATE:</b>	
<b>APPLICANT'S FULL NAME: (Typed or printed)</b>	
<b>APPLICANT'S FULL NAME: (Signature)</b>	
<b>DATE OF BIRTH OF APPLICANT:</b>	

<b>Mailing Address of Applicant:</b>	
<b>Telephone Number of Applicant:</b>	

<p><b>MAINE WARDEN SERVICE</b></p> <hr/> <p><b>ISSUING AUTHORITY (Organization)</b></p>	<p><b>COL. JOEL T. WILKINSON, C/O MAJOR CHRIS CLOUTIER</b></p> <hr/> <p><b>ISSUING AUTHORITY REPRESENTATIVE (Name)</b></p>
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**INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL TO THE EXTENT PROVIDED BY 25 M.R.S. § 2006 AND MAY NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION OR COPYING BY THE ISSUING AUTHORITY UNLESS THE CONFIDENTIALITY IS WAIVED BY THIS APPLICANT BY WRITTEN NOTICE TO THE ISSUING AUTHORITY. THIS ORIGINAL RELEASE, AND ANY COPIES, ARE VALID FOR A PERIOD OF SIX MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.**