



Chesterfield Township Police Department

Application for a License to Purchase a Firearm

A license to purchase a pistol expires **30 calendar days** after the date of issue. If this license is used to purchase a pistol, the "LICENSING AUTHORITY" copy must be brought back to CHPD records within 10 calendar days of purchase. Failure to follow state and federal regulations may result in pistol confiscation and you being in violation of the law. If you have any questions, please ask the assisting official.

PLEASE PRINT LEGIBLY

NAME: _____
(last) (first) (middle)

ADDRESS: _____
(city, state, zip code) (COUNTY)

PHONE #: _____ DATE OF BIRTH: _____
(mm/dd/yyyy)

HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ RACE: _____ SEX: _____

ANY OTHER NAMES YOU HAVE BEEN KNOWN BY (MAIDEN NAME, PREVIOUS NAMES, ETC):

(last) (first) (middle)

(last) (first) (middle)

LAST 4 OF SOCIAL SECURITY #: _____ PLACE OF BIRTH: _____
(state)

• PLEASE CIRCLE ONE: U.S. CITIZEN LEGAL RESIDENT ALIEN OTHER

• HAVE YOU UNLAWFULLY USED OR ARE YOU ADDICTED TO ANY CONTROLLED SUBSTANCES
(WITHIN IN THE LAST 365 DAYS)? YES / NO

• HAVE YOU **EVER** BEEN ARRESTED? YES / NO

IF YES, WHEN/WHY? _____

• HAVE YOU BEEN ON PROBATION OR PAROLE WITHIN THE LAST YEAR? YES / NO

• DO YOU HAVE ANY CURRENT OPEN CASES WITH ANY LAW ENFORCEMENT AGENCY? YES / NO

OCCUPATION (WHAT DO YOU DO FOR WORK): _____

NUMBER OF PURCHASE PERMITS REQUESTED: _____

SIGNATURE OF APPLICANT: _____ DATE: _____



FOR OFFICE USE ONLY
APPLICANT PLEASE DO NOT WRITE ON THIS SIDE OF FORM

LICENSE TO PURCHASE

REASON FOR DELAY OR DENIAL:

_____ Felony

_____ Misdemeanor

_____ PPO

_____ Probable Cause (MCL 28.422)

_____ Other

Informational:

SID # _____

FBI/UCN # _____

NTN # _____

NOTES: _____

APPROVAL/DENIAL TASKS:

_____ LEIN Criminal History

_____ Police Reports (Old system & Aegis)

_____ Identification Documents

_____ Observations/Interviews

_____ Application Form

_____ Enter into Aegis Global Purchase Permit

▪ **PREPARED BY :** _____ **LEIN VERIFIED BY :** _____

▪ **APPROVED / DENIED BY :** _____ **DATE:** _____