

**INSTRUCTIONS
FOR HANDGUN LICENSE APPLICATION**

1. Fill out all forms.
2. Return completed forms, unfolded, to the **Winona Lake Police Department**.
3. After your application is processed you will be contacted to set an appointment to complete the application process.
4. At that time you will sign and be fingerprinted for the state form.
5. Keep this page for you Information.

Thank you for your cooperation.
Chief of Police
Paul Schmitt

For Evaluation Only.

Copyright (c) by VeryPDF.com Inc **APPLICATION FOR HANDGUN LICENSE**
Edited by VeryPDF PDF Editor Version 2.2 **DO NOT FOLD THIS FORM**

ALL questions must be answered (type or print legibly).

Winona Lake Police Department will not be responsible for incorrect or illegible application.

NOTE: Any person giving false information or offering false evidence to obtain a firearm license shall be deemed guilty of a felony and upon conviction may be punished by imprisonment for five (5) years to which may be added a fine of not more than \$10,000.

I understand that if a license is granted I may carry any handgun or handguns lawfully possessed.

Date (month, day, year)

I, _____ do hereby make application for a license to have in my possession and carry on my person or in my vehicle, any handgun with a barrel less than sixteen (16) inches in length or any firearm with an overall length of less than twenty-six (26) inches. Subject to the laws of the State of Indiana.						
Name (first, middle, last)		Date of birth (mo., day, yr.)		Nationality		
Address (street number)		Place of birth		Citizenship		
City, state and ZIP code		Age	Race	Sex	Height	Weight
My residence is located within the city or town limits of: IN Initial _____		Build	Hair	Color of eyes	Scars and marks	
		How long have you been a resident of Indiana?		From: To:		
Occupation		Have you previously held an Indiana Handgun License? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, year		License number
Business address (street number)		Has your Handgun license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, date (year) suspended		
City, state, ZIP code		If Yes, reason suspended				
Have you ever been convicted of ANY CRIMINAL violation including DUI? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, state charges				
Have you ever been treated for psychiatric health care of an emotional or mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, (a) list year of recent treatment, and			(b) submit documentation/recommendation from treating Mental Health Professional or Treatment Center.	
U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF NON U.S. CITIZEN, ENTER INS REGISTRATION #				
ARE YOU PROHIBITED BY COURT ORDER FROM POSSESSING FIREARM? <input type="checkbox"/> Yes <input type="checkbox"/> No						
CHECK LICENSE YOU ARE APPLYING FOR:						
<input type="checkbox"/> 4 YEAR HUNTING AND TARGET \$5						
<input type="checkbox"/> 4 YEAR PERSONAL PROTECTION \$30						
<input type="checkbox"/> RETIRED LAW ENFORCEMENT OFFICER-Fee Exempt						
<input type="checkbox"/> CORRECTION OFFICER-Fee Exempt						
<input type="checkbox"/> FIREARMS DEALER-Fee Exempt						
<input type="checkbox"/> LIFETIME HUNTING & TARGET / NO CURRENT LICENSE \$25						
<input type="checkbox"/> LIFETIME HUNTING & TARGET / CURRENT VALID LICENSE \$20						
<input type="checkbox"/> LIFETIME PERSONAL PROTECTION / NO CURRENT LICENSE \$75						
<input type="checkbox"/> LIFETIME PERSONAL PROTECTION / CURRENT VALID LICENSE \$60						
ANY PERSON GIVING FALSE INFORMATION OR OFFERING FALSE EVIDENCE TO OBTAIN A FIREARMS LICENSE SHALL BE DEEMED GUILTY OF A FELONY AND UPON CONVICTION MAY BE PUNISHED BY IMPRISONMENT FOR FIVE (5) YEARS TO WHICH MAY BE ADDED A FINE OF NOT MORE THAN \$10,000.				SIGNATURE OF APPLICANT:		
Home Phone Number		Driver's License Number				
Social Security Number - Requested						

THIS APPLICATION MUST BE FILLED IN COMPLETELY AND ALL QUESTIONS ANSWERED

Reason for Disapproval: (WLPD USE ONLY)

WLPD USE ONLY
<input type="checkbox"/> CHRI
<input type="checkbox"/> D.L.
<input type="checkbox"/> In House
<input type="checkbox"/> 3 X 5



SUPPLEMENTAL APPLICATION FOR HANDGUN LICENSE

Information: To comply with a change in the Indiana Handgun Licensing laws, the following supplemental form must be completed and mailed to the Indiana State Police with the white copy of the original *Application for Handgun License*, state form number 36991. Please answer all questions typed or printed legibly. Applicants will be required to provide a full set of fingerprints on a Federal Bureau of Investigation Applicant Fingerprint Card (FD-258/Rev. 5-11-99).

DATE: (Month/Day/Year):	Application Number (top right corner of original application form):
NAME (first, middle, last):	
U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NON U.S. CITIZEN, ENTER INS REGISTRATION #
ARE YOU PROHIBITED BY COURT ORDER FROM POSSESSING FIREARM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CHECK LICENSE YOU ARE APPLYING FOR:	
<input type="checkbox"/> 4 YEAR HUNTING AND TARGET \$5	<input type="checkbox"/> LIFETIME HUNTING & TARGET / NO CURRENT LICENSE \$25
<input type="checkbox"/> 4 YEAR PERSONAL PROTECTION \$30	<input type="checkbox"/> LIFETIME HUNTING & TARGET / CURRENT VALID LICENSE \$20
<input type="checkbox"/> RETIRED LAW ENFORCEMENT OFFICER—Fee Exempt	<input type="checkbox"/> LIFETIME PERSONAL PROTECTION / NO CURRENT LICENSE \$75
<input type="checkbox"/> CORRECTION OFFICER—Fee Exempt	<input type="checkbox"/> LIFETIME PERSONAL PROTECTION / CURRENT VALID LICENSE \$60
<input type="checkbox"/> FIREARMS DEALER—Fee Exempt	
ANY PERSON GIVING FALSE INFORMATION OR OFFERING FALSE EVIDENCE TO OBTAIN A FIREARMS LICENSE SHALL BE DEEMED GUILTY OF A FELONY AND UPON CONVICTION MAY BE PUNISHED BY IMPRISONMENT FOR FIVE (5) YEARS TO WHICH MAY BE ADDED A FINE OF NOT MORE THAN \$10,000.	SIGNATURE OF APPLICANT:
<u>INCLUDE MONEY ORDER OR CERTIFIED CHECK MADE PAYABLE TO THE STATE OF INDIANA FOR THE PROPER AMOUNT LISTED</u>	
This supplemental form, the original white copy of the Application for Handgun License, fingerprint card and payment should be mailed to: Indiana State Police—Firearms Section, P.O. Box 3089, Indianapolis IN 46206-3089.	

HANDGUN LICENSING FEE SCHEDULE

Effective July 1, 2006

License Type	Local Fee	State Fee
Four Year Hunting and Target	\$10/\$5 Refundable*	\$5
Four Year Personal Protection	\$10/\$5 Refundable*	\$30
Lifetime Hunting and Target/ No Current License	\$50/\$30 Refundable*	\$25
Lifetime Hunting and Target/ Current Valid License	\$40/\$30 Refundable*	\$20
Lifetime Personal Protection/ No Current License	\$50/\$30 Refundable*	\$75
Lifetime Personal Protection/ Current Valid License	\$40/\$30 Refundable*	\$60
Retired Law Enforcement Officer	Not Provided in Law	Fee Exempt
Corrections Officer	Not Provided in Law	Fee Exempt
Firearms Dealer	Not Provided in Law	Fee Exempt

*A portion of the local fee is refundable if a license is not issued. The entire state fee is refundable if no license is issued.