

LIVONIA POLICE DEPARTMENT

QUESTIONNAIRE FOR A LICENSE TO PURCHASE A FIREARM

I, _____ hereby make application for a "License to Purchase a Firearm."

Any maiden or previous names _____

Number of Purchase Permits Requested _____ Date _____

Indicate T for True, F for False:

1. I am a citizen of the United States OR a resident legal alien having resided in the State of Michigan continuously for at least 90 days and a resident of the City of Livonia, Wayne County, Michigan. **T** or **F** (circle one)
2. I am at least 18 years of age. **T** or **F** (circle one)
3. I have never been adjudged insane or legally incapacitated unless competency has been restored and declared so by a court order. **T** or **F** (circle one)
If False; Provide Date _____
4. I am not under involuntary commitment due to mental illness. **T** or **F** (circle one)
If False; Provide Date _____
5. I am not under indictment for, nor have I been convicted of a felony. **T** or **F** (circle one)
If False; Provide Date _____
6. I am not prohibited by court order from purchasing or possessing a firearm. **T** or **F** (circle one)
If False; Provide Date _____
7. Do you possess a Medical Marijuana Card? **Yes** or **No** (Circle one)

PERSONAL INFORMATION

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color _____

Date of Birth: _____ State/Country of Birth: _____

Naturalization/Alien Number: _____

Driver's License Number: _____

Social Security Number: (optional) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Occupation: _____

Read Carefully:

"I UNDERSTAND THAT MY APPLICATION FOR A 'LICENSE TO PURCHASE A FIREARM' WILL BE DETERMINED BY A COMPLETE RECORD CHECK BY THE LIVONIA POLICE DEPARTMENT."

"I ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE."

Signature of Applicant: _____

Date: _____