

Please hand deliver Application to:

Somerset County Sheriff's Office
131 East Madison Road
Madison, Me 04950

Ask for Sidney Quigley

APPLICATION FOR CONCEALED WEAPONS
PERMIT

Somerset County Sheriff's Department
FOR
Town of Cambridge
202 Ripley Road
Cambridge, Maine 04923

Applicant's Full Name

Applicant's Home Phone / Cell Phone / E-mail Address

The above-named applicant has applied to this agency for a Concealed Weapons Permit. A reasonable inquiry was conducted into the background of this applicant; i.e., Riverview Psychiatric Center, Dorthea Dix Psychiatric Center, and the State Bureau of Identification. No information was obtained contrary to believing that this applicant is of good moral character and does meet the criteria set out by Statute.

Investigating Officer's Signature

Approval Date

**AUTHORIZATION TO RELEASE INFORMATION
FOR THE PURPOSE OF APPLYING FOR A CONCEALED FIREARM PERMIT**

PRINT LEGIBLY OR TYPE

NAME OF APPLICANT: _____ DOB: _____

ALIAS AND/OR PRIOR NAME(S): _____

Pursuant to 25 MRSA §2003 (1)(E)(1), I authorize the **Riverview Psychiatric Center** and the **Dorothea Dix Psychiatric Center** of the Department of Health and Human Services to disclose any record of whether I have ever been committed to the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center to the issuing authority:

Issuing Authority (individual): Dale P. Lancaster

Issuing Authority (organization): Somerset County Sheriff's Office

Mailing Address: 131 East Madison Road, Madison, Maine 04950

Issuing Authority Fax#: 207-853-9570 ; Telephone # to verify receipt of fax: 207-858-9520

I understand that the information requested is protected by law and cannot be released without my written permission, unless otherwise specifically permitted by law. I understand that I have the right to review information and material prior to its release. I understand I have the right to revoke this authorization in writing at any time by contacting the issuing authority identified above. I understand that my refusal to sign this release will cause my application for a concealed firearm permit to be rejected. I understand that if the issuing authority receives an affirmative response to its inquiry, I may be asked to authorize the release of additional information to determine my eligibility for a concealed firearm permit. Information disclosed to the issuing authority pursuant to this release is confidential pursuant to 25 MRSA § 2006.

This authorization is effective for ninety (90) days following the date of my signature.

Applicant Signature Date

Witness Signature Date

INSTRUCTIONS TO APPLICANT:

Return this form to the issuing authority with your permit application. Witness signature is anyone over the age of 18. **DO NOT** mail directly to Riverview or Dorothea Dix.

ISSUING AUTHORITY ONLY: Send completed form to Riverview Psychiatric Center (RPC) **AND** to Dorothea Dix Psychiatric Center (DDPC) by **one** of the following means:

1. Scan form and send via **e-mail** to: RPC: RiverviewMedicalRecords@maine.gov; and DDPC: DorotheaDixMedicalRecords@maine.gov
2. **Fax** form to: RPC: (207) 287-7127; and DDPC: (207) 941-4029
3. **Mail** the form, with a self-addressed stamped envelope to: RPC: 250 Arsenal St., Augusta, ME 04330, Attn. Health Information; and DDPC: PO Box 926, Bangor, ME 04401, Attn. Medical Records.



NEW (\$35.00) **RENEWAL (\$20.00)**
 **CHANGE OF ADDRESS, NAME OR
DUPLICATE (\$2.00)**

EXPIRATION DATE (IF ISSUED): _____

KNOWLEDGE OF HANDGUN SAFETY: _____

FULL NAME (First, Middle, Last) _____

PRIOR LEGAL NAMES, IF ANY (List Month and Year each name was given/assumed) _____

ALIASES, IF ANY (List year(s) used) _____

Birthdate	Birthplace	Citizen (Y/N)	Eye Color	Hair Color	Height	Weight	Sex	Race

LEGAL MAILING ADDRESS _____ CITY OR TOWN _____ STATE _____ ZIP CODE _____

LEGAL PHYSICAL ADDRESS _____ CITY OR TOWN _____ STATE _____ ZIP CODE _____

LIST OF ALL ADDRESSES YOU HAVE LIVED AT DURING THE PAST FIVE (5) YEARS (Include Move In and Move Out Dates).

LIST OF PREVIOUSLY ISSUED PERMITS TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. (For each permit previously issued, please identify the issuing authority; e.g. Massachusetts, State Police; Portland P.D.; Town of Shapleigh, Selectmen and the date the permit was issued.)

LIST OF PREVIOUS REFUSALS TO ISSUE PERMIT TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY AN ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. (For each refusal of a permit, please identify the agency that refused to issue the permit and the date of refusal).

LIST OF PREVIOUS REVOCATIONS OR SUSPENSIONS OF HANDGUN PERMITS, OR PERMITS TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS, BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. (For each revocation please identify the agency or authority that revoked the permit and the date it was revoked or suspended).

PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USED

CIRCLE APPROPRIATE ANSWER AFTER EACH QUESTION

1. Are you less than 18 years of age?----- YES NO
2. Is there a formal charging instrument now pending against you in this state for a crime under the laws of this state that is punishable by imprisonment for a term of one year or more?----- YES NO
3. Is there a formal charging instrument now pending against you in any federal court for a crime under the laws of the United States that is punishable by imprisonment for a term exceeding one year?----- YES NO
4. Is there a formal charging instrument now pending against you in another state for a crime that under the laws of that state is punishable by imprisonment for a term exceeding one year?----- YES NO
5. If your answer to question (4.) is "yes," is that charged crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less?----- YES NO
6. Is there a formal charging instrument pending against you in another state for a crime punishable in that state by a term of imprisonment of 2 years or less and classified by that state as a misdemeanor, but that is substantially similar to a crime that under the laws of this state is punishable by imprisonment for a term of one year or more?----- YES NO
7. Is there a formal charging instrument now pending against you under the laws of the United States, this state or any other state, or the Passamaquoddy Tribe or Penobscot Nation in a proceeding in which the prosecuting authority has pleaded that you committed the crime with the use of a handgun against a person or with the use of a dangerous weapon as defined in Title 17-A, M.R.S.A. §2(9)(A)?----- YES NO
8. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in questions (2.), (3.), (4.), or (6.), and involves bodily injury or threatened bodily injury against another person?--- YES NO
9. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (7.)?--- YES NO
10. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in questions (2.), (3.), (4.), or (6.), but does not involve bodily injury or threatened bodily injury against another person?----- YES NO
11. Have you ever been convicted of committing or found not criminally responsible by reason of insanity or mental disease or defect of committing a crime described in questions (2.), (3.), (6.), or (7.)?----- YES NO
12. Have you ever been convicted of committing or found not criminally responsible by reason of insanity or mental disease or defect of committing a crime described in question (4.)?----- YES NO
13. If your answer to question (12.) is "yes," was that crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less?----- YES NO
14. Have you ever been adjudicated as having committed a juvenile offense described in questions (8.), or (9.)?----- YES NO
15. Have you ever been adjudicated as having committed a juvenile offense described in question (10.)?----- YES NO

PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USED

16. Are you 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 you from harassing, stalking, or threatening your intimate partner, as defined in 18 United States Code, §921(a), or a child of your intimate partner, or from engaging in other conduct that would place your intimate partner in reasonable fear of bodily injury to that intimate partner or the child?----- YES NO
17. Are you a fugitive from justice?----- YES NO
18. Are you a drug abuser, drug addict, or drug dependent person?----- YES NO
19. Do you have a mental disorder that causes you to be potentially dangerous to yourself or others?-- YES NO
20. Have you been adjudicated to be an incapacitated person pursuant to Title 18-A, Article V, Parts 3 and 4, and not had that designation removed by an order under Title 18-A, M.R.S.A. §5-307(b)? {Termination of incapacity Probate Code; protection of persons under disability and their property} YES NO
21. Have you been dishonorably discharged from the Military Forces within the past 5 years?----- YES NO
22. Are you an illegal alien?----- YES NO
23. Have you been convicted in a Maine court of a violation of Title 17-A, M.R.S.A. §1057 {possession of a handgun in an establishment licensed for on-premises consumption of liquor} within the past five (5) years?----- YES NO
24. Have you been adjudicated in a Maine court within the past five (5) years as having committed a juvenile offense involving conduct that, if committed by an adult, would be a violation of Title 17-A, M.R.S.A. §1057 {criminal possession of a handgun in an establishment licensed for on-premises consumption of liquor}?----- YES NO
25. To your knowledge, have you been the subject of an investigation by any law enforcement agency within the past (5) years regarding the alleged abuse by you of family or household members?----- YES NO
26. Have you been convicted in any jurisdiction within the past (5) years of 3 or more crimes punishable by a term of imprisonment of less than one year, or of crimes classified under the laws of a state as a misdemeanor and punishable by a term of imprisonment of 2 years or less?----- YES NO
27. Have you been adjudicated in any jurisdiction within the past (5) years to have committed 3 or more juvenile offenses (described in question (15.)?----- YES NO
28. To your knowledge, have you engaged within the past (5) years in reckless or negligent conduct {as defined at 25 M.R.S.A. §2002(11)} that has been the subject of an investigation by a governmental entity?----- YES NO
29. Have you been convicted in a Maine court within the past (5) years of any Title 17-A, Chapter 45 drug crime?----- YES NO
30. Have you been adjudicated in a Maine court within the past (5) years as having committed a juvenile offense involving conduct that, if committed by an adult, would have been a violation of Title 17-A, Chapter 45? {Drug offenses}----- YES NO
31. Have you been adjudged in a Maine court to have committed the civil violation of possession of a usable amount of marijuana, butyl nitrite, or isobutyl nitrite in violation of Title 22 M.R.S.A. §2383 within the past (5) years?----- YES NO
32. Have you been adjudicated in a Maine court within the past (5) years as having committed the juvenile crime defined in Title 15 M.R.S.A. §3103 (1)(B) of possession of a usable amount of marijuana as provided in Title 22 M.R.S.A. §2383?----- YES NO

PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USED

READ THE FOLLOWING CAREFULLY BEFORE SIGNING 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. Certify that you understand that a “yes” answer to question number (12.) or (15.) is cause for refusal unless you are authorized to possess a handgun under Title 15 M.R.S.A. §393.
- C. Certify that you understand that a “yes” answer to question (16.) is cause for refusal if the order of the court meets the preconditions contained in Title 15 M.R.S.A. §393 (1)(D). If the order of the court does not meet the preconditions, the conduct underlying the order may be used by the issuing authority, along with other information, in judging good moral character under 25 M.R.S.A. §2003 (4).
- D. Certify that you understand that a “yes” answer to question numbers (1.), (11.), (14.), or any of the questions numbered (17.) through (24.) is cause for refusal.
- E. Certify that you understand that a “yes” answer to one or more of the questions numbered (2.) through (10.), (13.), (25.), (26.), or (27.) through (32.) will be used by this issuing authority, along with other information in judging good moral character under Title 25 M.R.S.A. §2003 (4).
- F. Certify that you will, at the request of this issuing authority, take whatever action is required of you by law to allow this issuing authority to obtain from the Maine Department of Health and Human Services (limited to records of patient committals to **Riverview Psychiatric Center** and **Dorothea Dix Psychiatric Center**), the courts, law enforcement agencies, the military, the United States Citizenship and Immigration Services, and any prior issuing authority in this state or any other jurisdiction with which you have been involved, information relevant to the following:
- (F1) The determination as to whether the information supplied on the application, or any documents made a part of the application, is true and correct;
 - (F2) The determination as to whether each of the additional requirements of Title 25 M.R.S.A. §2003 has been met;
 - (F3) The determination as to whether, if you are currently a permit holder, such permit must be revoked under Title 25 M.R.S.A. §2005; and
 - (F4) The determination as to whether, if you are otherwise eligible and reapplying following an earlier revocation of a permit, you are eligible to do so under Title 25 M.R.S.A. §2005 or Title 17-A M.R.S.A. §1057.
- G. Certify that you understand that if fingerprints are required by this issuing authority, in order to resolve any questions as to your identity, you will submit to being fingerprinted.
- H. Certify that you understand that if a photograph is an integral part of the permit to Carry Concealed Handguns adopted by this issuing authority, you will submit to being photographed for that purpose.

- I. Certify that you understand that you must demonstrate to this issuing authority a knowledge of handgun safety as required by Title 25 M.R.S.A. §2003 (1)(E)(5), unless you demonstrate that you are exempted under that same statute.
- J. Certify that you have received a copy of the pamphlet entitled "LAWS RELATING TO PERMITS TO CARRY CONCEALED HANDGUNS" (2014 Edition).
- K. 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. §2004 (1) and/or 17-A M.R.S.A. §453, unsworn falsification.

Your Signature as Applicant

Date

**AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE
PURPOSE OF EVALUATING INFORMATION SUPPLIED ON MY APPLICATION FOR A
CONCEALED HANDGUN PERMIT UNDER 25 M.R.S., CHAPTER 252**

**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) Conviction data;
- (2) Any criminal matter in which a formal charging instrument is now pending;
- (3) Adjudication data relating to any juvenile 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 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) Adjudication as an incapacitated person;
- (9) Any mental disorder that causes me to be potentially dangerous to myself or others;
- (10) Reckless or negligent conduct as defined by 25 M.R.S.A. §2002(11) within the past five years;
- (11) 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 §2383, or adjudicated as having committed a juvenile crime that is a violation of Title 22 §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
- (12) 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, §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 PRIOR ISSUING AUTHORITIES, 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 of record in your possession or control concerning me pertaining to any previous refusal to issue or revocation of a permit to carry handguns or firearms, or other weapons.

TO ALL MILITARY FORCES, BOTH STATE AND FEDERAL:

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 a dishonorable discharge from the military forces within the past 5 years

TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES:

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 my status as an illegal alien.

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 the prior 5 years;
- (3) The date and place of my birth and my 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 telephone number listed below:

DATE:	
Applicant's Full Name (Typed or Printed):	
Applicant's Full Name (Signature):	
Applicant's Date of Birth:	
Applicant's Mailing Address:	
Applicant's Telephone Number:	

Name of Issuing Authority

Name of Representative of Issuing Authority, If Any

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.

**AUTHORIZATION TO RELEASE INFORMATION
FOR THE PURPOSE OF APPLYING FOR A CONCEALED FIREARM PERMIT**

PRINT LEGIBLY OR TYPE

NAME OF APPLICANT: _____

D.O.B.: _____

ALIAS AND/OR PRIOR NAME(S): _____

Pursuant to 25 MRSA, §2003(1)(E)(1), I authorize the **Riverview Psychiatric Center** and the **Dorothea Dix Psychiatric Center** of the Department of Health and Human Services, to disclose any record of whether I have ever been committed to the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center to the issuing authority:

Issuing Authority (Individual): _____

Issuing Authority (Organization): _____

Mailing Address: _____

Issuing Authority Fax #: (207) _____ Telephone # to verify receipt of fax (207) _____

I understand that the information requested is protected by law and cannot be released without my written permission, unless otherwise specifically permitted by law. I understand that I have the right to review information and material prior to its release. I understand I have the right to revoke this authorization in writing at any time by contacting the issuing authority identified above. I understand that my refusal to sign this release will cause my application for a Concealed Handgun Permit to be rejected. I understand that if the issuing authority receives an affirmative response to its inquiry, I may be asked to authorize the release of additional information to determine my eligibility for a Concealed Handgun Permit. Information disclosed to the issuing authority pursuant to this release is confidential pursuant to 25 M.R.S., §2006.

This authorization is effective for ninety (90) days following the date of my signature.

Applicant's Signature	Date
Witness's Signature	Date

APPLICANT: DO NOT SEND THIS FORM TO THE HOSPITAL. YOU MUST RETURN THIS FORM TO THE ISSUING AUTHORITY, IDENTIFIED ABOVE, WITH YOUR PERMIT APPLICATION, OR YOUR APPLICATION MAY NOT BE PROCESSED.

ISSUING AUTHORITY: Send completed form (or a copy) to Riverview Psychiatric Center (RPC) AND to Dorothea Dix Psychiatric Center (DDPC) by one of the following means:

1. Scan form and send via e-mail to: RiverviewMedicalRecords@maine.gov and DorotheaDixMedicalRecords@maine.gov OR
2. Fax form to: RPC: (207) 237-7127 AND DDPC: (207) 941-4029 OR
3. Mail the form, with a self-addressed stamped envelope to:
Riverview Psychiatric Center, 250 Arsenal Street, Augusta, Maine 04330, Attn. Health Information; AND
Dorothea Dix Psychiatric Center, P.O. Box 926, Bangor, Maine 04401, Attn. Medical Records

NOTICE TO ISSUING AUTHORITY: The RPC and DDPC will respond in the same manner in which you forward this form. However, if you fax the form you must provide your telephone number so that the institution can verify your receipt of the return fax.

AG Form 6: Revised June 17, 2013; 11/19/2008 (change in issuing authority only) All previous versions of this form are obsolete.

INFORMATIONAL SHEET:
TITLE 17-A, M.R.S.A. §108

Physical Force in Defense of a Person

1. **A person is justified in using a reasonable degree of non-deadly force upon another person in order to defend himself or a third person from what he reasonably believes to be the imminent use of unlawful, non-deadly force by such other person, and he may use a degree of such force which he reasonably believes to be necessary for such purpose. However, such force is not justifiable if:**
 - A. With a purpose to cause physical harm to another person he provoked the use of unlawful, non-deadly force by such other person; or
 - B. He was the initial aggressor, unless after such aggression he withdraws from the encounter and effectively communicates to such other person his intent to do so, but the latter notwithstanding continues the use or threat of unlawful, non-deadly force; or
 - C. The force involved was the product of a combat by agreement not authorized by law.

2. **A person is justified in using deadly force upon another person:**
 - A. When he reasonably believes it necessary, and he reasonably believes such other person is:
 - About to use unlawful, deadly force against himself or a third person; or
 - Committing or about to commit a kidnapping, robbery, or a violation of Section 253, Subsection 1, Paragraph A, against himself or a third person; or
 - B. When he reasonably believes:
 - That such other person has entered, or is attempting to enter, a dwelling place or has surreptitiously remained within a dwelling place without a license or privilege to do so; and
 - That deadly force is necessary to prevent the infliction of bodily injury by such other person upon himself, or a third person present in the dwelling place.
 - C. However, a person is not justified in using deadly force as provided in Paragraph A, if:
 - With the intent to cause physical harm to another, he provokes such other person to use unlawful deadly force against anyone; or
 - He knows that the person against whom the unlawful deadly force is directed intentionally and unlawfully provoked the use of such force; or
 - He knows that he or a third person can, with complete safety:
 - Retreat from the encounter, except that he or the third person is not required to retreat if he or the third person is in his dwelling place and was not the initial aggressor; or
 - Surrender property to a person asserting a colorable claim or right thereto; or
 - Comply with a demand that he abstain from performing an act which he is not obliged to perform.