

Application No. _____
Date Application Received: _____

APPLICATION FOR WEAPON IDENTIFICATION CARD
To Carry and Possess Firearms, Dangerous Devices and Ammunition

WARNING: Under law, the willful failure to disclose any material information required by this application or any false statement as to any material fact required by this application shall be grounds for denial or suspension of your Identification Card. In addition, any willfully false statement as to any material fact required by this application shall be punishable under the provisions of 31 MIRC, Chapter 1, Section 49 (Prejury).

A. PERSONAL INFORMATION (for Responsible Individual)

Name: _____
(Last) (First) (Middle)

Address _____ (Phone) _____

Sex: _____ Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Nationality _____ Social Security Number _____

B. WEAPONS (list all weapons application desires to own or possess).

1. Firearms

Manufacturer	Type	Model	Caliber	Serial No.

2. Dangerous Devices (explosive, incendiary, poison gas, bomb, grenade, mine etc.)

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3. Ammunition

C. Questions About Responsible Individuals' Qualification to Own and Possess Weapons

- 1. Have you ever been acquitted of any criminal charges by reason of insanity? Yes/No
- 2. Have you ever been declared mentally incompetent by a court of law? Yes/No
- 3. Have you ever been convicted of any crime other than a minor traffic violation? Yes/No
- 4. Have you ever been treated in a hospital for mental illness, drug addiction, or alcoholism? Yes/No
- 5. Do you currently or have you in the past used narcotic drugs? Yes/No
- 6. Have you ever been afflicted with epilepsy, paralysis, insanity, or any other disability or disease which might affect your ability to handle a weapon safely? Yes/No
- 7. If you answered yes to any of the above questions, attach a sheet explaining your answer in full. Yes/No
- 8. In the event that you have or have had any physical or mental condition, defect, illness or impairment which would make you in eligible for an Identification Card, you may attach the certificate of a physician licensed to practice in the Republic of the Marshall Islands stating that it is the subscribing physician's opinion that such condition, defect, illness or impairment does not make you incapable of possessing and using a firearm or dangerous device without danger to the public safety.

E. Do You Currently Own or Possess Any of the Following:

- 1. handgun Yes/No
- 2. shotgun Yes/No
- 3. rifle Yes/No
- 4. semi-automatic weapon Yes/No
- 5. automatic weapon Yes/No
- 6. silencer or muffler Yes/No
- 7. airgun Yes/No
- 8. other weapons, not listed above Yes/No

If so, please list the weapon(s), manufacturer, type, model, serial number and its current location.

F. Purpose for Which Identification Card Sought.

G. Submission of the Application:

This application is to be filed with the Commissioner of the Department of the Public Safety. A completed application (with two (2) photocopies) and three (3) photographs of the applicant (passport size and taken within the last month) are required, with a twenty dollar (\$20.00) filing fee.

I, the undersigned, swear under penalty of perjury that the above answers are true and correct to the best of my knowledge and belief.

Date: _____

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

THIS APPLICATION IS APPROVED () DENIED ().

Date: _____

Attorney General
Republic of the Marshall Islands