



WATERFORD TOWNSHIP POLICE DEPARTMENT

HANDGUN LICENSE TO PURCHASE PERMIT INFORMATION

Read all information and answer questions thoroughly. PLEASE PRINT ALL INFORMATION.

1. Have you ever been convicted of a felony or other serious crime? YES NO
2. Are you a United States citizen? YES NO
3. Are you a legal resident alien? YES NO
4. Are you a legal resident of Waterford Township? YES NO
5. Have you ever been adjudged insane or committed to a mental institution? YES NO
6. Have you had, or currently have, a medical marijuana card? YES NO
7. If your answer to #6 is YES, what date did, or does, your marijuana card expire? _____
8. Is your card for a caregiver or patient? _____

DRIVER'S LICENSE # _____

NAME: LAST _____ FIRST _____ MIDDLE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE #: HOME _____ CELL _____ WORK _____

DATE OF BIRTH (MO/DAY/YR): ____/____/____ STATE OR COUNTRY BORN _____

OCCUPATION _____ SOCIAL SECURITY # _____ - _____ - _____

SEX: MALE FEMALE

RACE: ASIAN BLACK INDIAN WHITE

HEIGHT _____ WEIGHT _____

HAIR COLOR: BALD BLACK BLONDE BROWN GRAY RED WHITE

EYE COLOR: BLACK BLUE BROWN GREEN GRAY HAZEL

I swear that all the information I have provided is true and accurate:

SIGNATURE _____

OFFICIAL USE ONLY

DATE _____ APPROVED DENIED INITIALS _____