MAKE CHECK PAYABLE TO: **Paris Police Department**

|  |  |
| --- | --- |
| STATE OF MAINEAPPLICATION FOR PERMIT TO CARRY CONCEALED FIREARMS *(Resident)*[ ] NEW ($35.00) [ ] RENEWAL ($20.00)[ ]  CHANGE OF ADDRESS ($2.00)  | **For Office Use Only**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check # \_\_\_\_$35.00 \_\_\_\_$20.00License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_$2.00\_\_\_\_\_\_\_Issue \_\_\_\_\_Denied \_\_\_\_\_\_DateExpiration Date (If issued)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Knowledge of Handgun Safety:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FULL NAME (FIRST, MIDDLE, LAST)**

**PREVIOUS LEGAL NAMES, IF ANY (List month and year each name was given/assumed)**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOB      | BIRTHPLACE      | CITIZEN      | EYE COLOR      | HAIR COLOR      | HT      | WT      | SEX      | RACE      |

**MAILING ADDRESS (If different than legal residence) CITY OR TOWN STATE ZIP CODE**

**FULL CURRENT RESIDENCE ADDRESS CITY OR TOWN STATE ZIP CODE**

Street or Road Name, not P.O. Box

**LIST OF ALL ADDRESSES AT WHICH YOU HAVE LIVED AT ANY TIME DURING THE PAST FIVE (5) YEARS**

Street or Road City/Town State Zip Dates of residence

**LIST OF PREVIOUSLY ISSUED PERMITS TO CARRY CONCEALED FIREARMS OR OTHER**

**CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR 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 FIREARMS OR OTHER CONCEALED WEAPONS BY ANY 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 FIREARMS PERMITS OR PERMITS TO CARRY CONCEALED FIREARMS 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JURISDICTION.** For each revocation, please identify the agency or authority that revoked the permit and the date it was revoked or suspended.

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| PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USEDAG Form IR (8/06) Page 1 of 6 | Initials\_\_\_\_\_\_\_\_ |

**CLICK APPROPRIATE ANSWER AFTER EACH QUESTION**.

1. Are you less than 18 years of age?--------------------------------------------------------------- [ ] YES [x] 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 year or more?------------------------------------------------------------------------------------ [ ] YES [ ] NO

1. 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

1. Is there a formal charging instrument now pending against you in another state for a crime that, under the laws of the that state, is punishable by imprisonment for a term exceeding one year?------------------------------------------------------------------------------------- [ ] YES [ ] NO
2. If your answer to question (d) 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

1. 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
2. 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 firearm 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

1. 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 (b), (c), (d) or (f) and involves bodily injury or threatened bodily injury against another person?------------------------------------------------------------------------------------------ [ ] YES [ ] NO
2. 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 (g)?------------------------------------------------------------------------------ [ ] YES [ ] NO
3. 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 (b), (c), (d) or (f), but does not involve Bodily injury or threatened bodily injury against another person? -------------------------------------------------------------------------------- [ ] YES [ ] NO
4. 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 (b), (c), (f) or (g)?---------------------------------------------------------------------------------- [ ] YES [ ] NO

|  |  |
| --- | --- |
| PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USEDAG Form IR (8/06) Page 2 of 6 | Initials\_\_\_\_\_\_\_\_ |

1. 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 (d)?--- [ ] YES [ ] NO
2. If your answer to question (I) is "yes," was that crime classified under laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less?--- [ ] YES [ ] NO
3. Have you ever been adjudicated as having committed a juvenile offense described in question (h) or (i)?----------------------------------------------------------------------------------- [ ] YES [ ] NO
4. Have you ever been adjudicated as having committed a juvenile offense described in question (j)?------------------------------------------------------------------------------ [ ] YES [ ] NO
5. 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, Section 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
6. Are you a fugitive from justice?------------------------------------------------------------------ [ ] YES [ ] NO
7. Are you a drug abuser, drug addict or drug dependent person?--------------------------- [ ] YES [ ] NO
8. Do you have a mental disorder that causes you to be potentially dangerous to yourself or others?------------------------------------------------------------------------------- [ ] YES [ ] NO
9. 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

1. Have you been dishonorably discharged from the military forces within the past 5 years?-------------------------------------------------------------------------------------------- [ ] YES [ ] NO
2. Are you an illegal alien?---------------------------------------------------------------------------- [ ] YES [ ] NO
3. Have you been convicted in a Maine court of a violation of Title 17-A, M.R.S.A. §1057 [possession of a firearm in an establishment licensed for on‑premises consumption of liquor] within the past five (5) years?-------------------------------------- [ ] YES [ ] NO
4. 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 firearm in an establishment licensed for on-premises consumption of liquor]?--------------------- [ ] YES [ ] NO
5. 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

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| --- | --- |
| PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USEDAG Form IR (8/06) Page 3 of 6 | Initials\_\_\_\_\_\_\_\_ |

1. 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
2. Have you been adjudicated in any jurisdiction within the past 5 years to have committed 3 or more juvenile offenses described in question (o)? ----------------------------------------- [ ] YES [ ] NO
3. 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
4. Have you been convicted in a Maine court within the past 5 years of any Title 17-A, chapter 45 drug crime?----------------------------------------------------------------------------[ ] YES [ ] NO
5. 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? [Drugs offenses] ----------------------------------------- [ ] YES [ ] NO
6. ee. Have you been adjudged in a Maine court to have committed the civil violation of possession of a useable 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
7. 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 useable amount of marijuana, as provided in Title 22 M.R.S.A. § 2383?-----------------------------[ ] YES [ ] NO

**[continued on next page]**

|  |  |
| --- | --- |
| PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USEDAG Form IR (8/06) Page 4 of 6 | Initials\_\_\_\_\_\_\_\_ |

**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.

1. Certify that you understand that a "yes" answer to question (1) or (o) above is cause for refusal unless you are authorized to possess a firearm under Title 15 M.R.S.A. § 393.
2. Certify that you understand that a "yes" answer to question (p) 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).

B. Certify that you understand that a "yes" answer to question number (a), (k), (n), or any of the

questions numbered (q) through (x) above is cause for refusal.

B-1. Certify that you understand that a "yes" answer to one or more of the questions

 numbered (b) through (j), (m), (y), (z), or (aa) to (II) above 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).

C. Certify that you will, that 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:

1. The determination as to whether the information supplied on the application or any documents made a part of the application is true and correct;
2. The determination as to whether each of the additional requirements of Title 25 M.R.S.A. § 2003 has been met;
3. 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
4. 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.

D. 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.

E. Certify that you understand that if a photograph is an integral part of the permit to carry

concealed firearms adopted by this issuing authority, you will submit to being photographed for that purpose.

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| PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USEDAG Form IR (8/06) Page 5 of 6 | Initials\_\_\_\_\_\_\_\_ |

1. 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.
2. Certify that you have received a copy of the pamphlet entitled "LAWS RELATING TO PERMITS TO CARRY CONCEALED FIREARMS" (2005 edition).
3. 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

ALL QUESTIONS MUST BE ANSWERED COMPLETELY
AND THE APPLICATION FEE ($35 FOR ORIGINAL
APPLICATION, $20 FOR RENEWAL APPLICATION,
OR $2.00 FOR CHANGE OF ADDRESS)
MUST ACCOMPANY THIS APPLICATION OR
THE APPLICATION WILL BE RETURNED.

|  |  |
| --- | --- |
| PREVIOUS VERSIONS OF THIS FORM ARE OBSOLETE AND SHOULD NOT BE USEDAG Form IR (8/06) Page 6 of 6 | Initials\_\_\_\_\_\_\_\_ |

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

AG Form 5 (10/06) Page 1 of 2

*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, section 2383, or adjudicated as having committed a juvenile crime that is a violation of Title 22, section 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, Section 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 issuances of refusals to issue and revocations of a permit to carry concealed firearms or other concealed 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 being 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 the telephone number listed below.

|  |
| --- |
| DATE: Click here to enter a date. |

|  |  |
| --- | --- |
| APPLICANT'S FULL NAME:AG Form 5 (10106) Page 2 of 2(Typed or printed) |        |
| APPLICANT'S FULL NAME:(Signature) |  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DATE OF BIRTH OF APPLICANT: |       /     /      |

|  |  |
| --- | --- |
| MAILING ADDRESS OF APPLICANAT: |       |
| TELEPHONE NUMBER OF APPLICANAT: |       |

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.A. § 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 FOUR MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.

**Paris Police Department Authorization to Release Information for the Purpose of**

**Applying for a Concealed Firearms Permit**

**Name of Applicant:****DOB:**

**Alias and /or Prior Name(s):**

Pursuant to 25 MRSA § 2003 (1) (E) (1), I authorize Tri-County Mental Health Services to disclose of whether I have any mental health record with them to :

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Issuing Authority as defined at 25 MRSA § 2002 (9), § 2002-A (Identify organizations & Individual representative)

Issuing Authority Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issuing Authority Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issuing Authority Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If information is requested to be faxed, a telephone number to verify the receipt of the fax is required. If a telephone number for verification is NOT provided, the information will be sent by regular mail.

I understand that the information 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 weapons 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 firearms 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 my dated signature.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature Date

\*Applicant: Return this form to the Issuing Authority with your permit application.

Retain a copy for your records.

\*Issuing Authority: Send completed form (or copy) to:

Tri County Mental Health Services, 146 Pottle Road, Oxford, ME 04270, Attn: Office Manager (Phone 743-7911)

**AUTHORIZATION TO PSYCHIATRIC FACILITY TO RELEASE INFORMATION
FOR THE PURPOSE OF APPLYING FOR A CONCEALED HANDGUN PERMIT**

PRINT LEGIBLY OR TYPE

 NAME OF APPLICANT: \_      DOB:

ALIAS AND/OR PRIOR NAME(S):

Pursuant to 25 M.R.S. §2003 (1)(E)(I), 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)** | **Chief Michael Madden** | **Signature: C:\Users\Mike Madden\Desktop\P1 Sig.jpg** |
| **Issuing Authority (Organization)** | **Paris Police Department** |
| **Mailing Address** | **35 Market Sq., South Paris, ME 04281** |
| **Issuing Authority Fax #** | **207-743-0549** | **Telephone # to verify receipt of Fax** | **207-743-7448** |

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 six months following the date of my signature.

**Applicant Signature** Date

 **Witness 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@rnaine.gov

 *AND* DorotheaDixMedicalRecords@maine.gov *OR*

1. Fax form to: RPC: (207) 287-7127 *AND* DDPC: (207) 941-4029 *OR*
2. Mail the form, with a self-addressed stamped envelope to: Riverview Psychiatric Center, 250 Arsenal St., Augusta, MB 04330, Attn. Health Information; *AND* Dorothea Dix Psychiatric Center, PO Box 926, Bangor, ME 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 Farm 6 Revised June 17, 2013 Alt previous versions of this form are obsolete.

**Paris Police Department - Michael Madden - Chief of Police**

**35 Market Square, South Paris, Maine 04281 - Office 207.743.7448 - Fax 207.743.0549**

Paris Police Department Additional Applicant Information Form for Permit to Carry Concealed Firearms

**Applicant Information:**

Name & Address:

Last:      \_ First:       M.

Mailing Address:

City/Town:       State:       Zip Code:

Physical Address:

City/Town:       State:       Zip Code:

Home Phone #:      Cell Phone *#*

Date of Birth:       Social Security #:

Please Click All That Apply:

Race: [ ] Asian/Pacific Islander American/Indian/Alaskan Native

 [ ] Black [ ] White [ ] Unknown

Sex: [ ] Male [ ]  Female

Ethnicity: [ ] Hispanic [ ] Not of Hispanic Origin [ ] Unknown

**Description Information**

Height:       Weight:       Hair:       Eyes:

Please Click One:

Glasses: [ ] Yes [ ] No

Handed: [ ] Left [ ] Right

**Paris Police Department - Michael Madden - Chief of Police**

**35 Market Square, South Paris, Maine 04281 - Office 207.743.7448 - Fax 207.743.0549**

**Previous Residence Information**

1st. Previous Address:

City/Town:       State:       Zip Code:

2nd. Previous Address:

City/Town:       State:       Zip Code:

All information is kept private and confidential. Used for Law Enforcement purposes only.

Applicant's Signature Date

**Paris Police Department - Michael Madden - Chief of Police**

**35 Market Square, South Paris, Maine 04281 - Office 207.743.7448 - Fax 207.743.0549**

**Family Information**:

**Please Click One**:

Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed/Widower

Maiden Name:

Spouse - Maiden:

Last:       First:       Middle:

Father

Last:       First:       Middle:

Mother-Maiden:

Last:       First:       Middle:

Employment Information:

Current Job/Occupation:

Usual Job/Occupation:

Employer/School Name:       Telephone:

Employer/School Address:

City/Town:       State:      Zip Code:

Birth Place Information:

Birth Place – City, State and County:

St Mary's Health System St. Mary's Regional Medical Center Authorization for Release of Patient Records or Health Care Information

Revised May 12, 2011

Provider's Name: St. Mary's Regional Center Provider's Phone: (2071777-8470 Provider's FAX: (207) 777-8958

Address: P.O. Box 291 Lewiston, Maine 04243-0291 X-Ray # Lab

 Patient Name:       Date of Birth:       Medical Record #

Street Address:       City, State, Zip:

I hereby authorize the above-named Provider and those physicians and other clinicians or those associated with or employed by their office in connection with my medical care to disclose my Health Care information to:

|  |
| --- |
| Paris Police Department 35 Market Square South Paris, ME. 04281 |

Purpose of Disclosure: Eligibility for Concealed Firearms Permit — Refusal to sign this release will cause my application for a Concealed weapons Permit to be rejected.

Dates of Service: From Any to Present Disclose only the following information (patient must indicate each item to be released/ obtained):

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Radiology Films |[ ]  HIV/AIDS test/counseling records |[ ]  Operative Notes |[ ]  Mental Health History /Treatment |
|[ ]  Radiology Report |[ ]  Physician orders |[ ]  Rehabilitation Notes |[ ]  Mental Health Discharge |
|[ ]  Pathology Report |[ ]  Provider progress notes |[ ]  Discharge Summary |[ ]  Psychiatric Medication |
|[ ]  Laboratory Report |[ ]  Nursing notes |[ ]  History & Physical |[ ]  Information relating to |
|[ ]  Laboratory and all other test results except |[ ]  Facial Photo |[ ]  Medical History |  | commitments, orders, |
|  | HIV/AIDS mental health and/or drug |[ ]  All Therapy Notes or select below: |[ ]  Plan of Treatment |[ ]  Alcohol Drug Abuse Records limited to 6 |
|  | substance abuse results |  | [ ] Physical |[ ]  Emergency Room |  | months from date of Consent |
|[ ]  Recertification |  | [ ] Occupational |  | Visit |[ ]  Sexually transmitted disease records |
|[ ]  Care Plans |  | [ ] Speech[ ] Cardiac | [ ] [ ]  | Dietary Records Nursing Assessments |[ ]  Sexual/Alleged Sexual Abuse Records |

OTHER(describe)

Note - No substance abuse treatment or care information may be re-disclosed; each disclosure requires the consent of the patient. All other information that I have authorized to be disclosed may be re-disclosed to others consistent with the purposes above:

[ ]  Yes [ ]  No

The form in which the information is to be released:

X Written/Photocopied/faxed [ ]  Verbally [ ]  E-Mail address:       [ ]  Other (describe)

I understand that I can revoke (cancel) this authorization to disclose the above-referenced information at any time, except to the extent that disclosure has been made in reliance upon my authorization before revocation. In order to revoke my authorization, I must send a written notice to: St. Mary's HIMS, P.O. Box 291, LEWISTON, ME 04243.

This consent will expire Thirty (30) months from the date hereof, unless I have previously revoked this consent, or unless I

Have specified a shorter period for expiration of this Consent, as follows:       . I understand that I may refuse
authorization to disclose all or some health information, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits or other insurance or other adverse consequences. I also understand that if I revoke an authorization to disclose health care information that may be the basis for denial of health benefits or other insurance coverage or benefits. I know that I can review/print the St. Mary's Health System full notice of privacy practices from the **WWW.STMARYSMAINE.COM** website for more information about my right to revoke this authorization. I understand that I may receive a copy of this Full Notice of Privacy Practices as well as this authorization.

Witness signature Signature of Patient or Authorized Representative Print Name Date