

**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.**

**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:	
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APPLICANT'S FULL NAME: (Typed or printed)	
APPLICANT'S FULL NAME: (Signature)	
DATE OF BIRTH OF APPLICANT:	

Mailing Address of Applicant:	
Telephone Number of Applicant:	

Skowhegan Police Department
NAME OF ISSUING AUTHORITY

Chief David Bucknam
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.