

**SWARTZ CREEK POLICE DEPARTMENT**  
**Weapons Permit/Registration & Miscellaneous Application**

**Date:** \_\_\_\_\_ **File: 9800-4** **Complaint #:** \_\_\_\_\_

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Once handguns are purchased, they must be presented for inspection and registration within 10 days. You must be a resident of the City of Swartz Creek, and present proper identification. Pursuant to applicable statutes, an extensive criminal background investigation may be required.  
**(WE RESERVE THE RIGHT TO REFUSE ANY APPLICATION FOR PROPER CAUSE)**

Please Print Legibly

NAME: (LFM): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MAIDEN/ALIAS NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PREV. ADDRESS: (IF WITHIN 10 YRS): \_\_\_\_\_

D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ CTZSHP: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ MI-CCW#: \_\_\_\_\_

DRIV LIC NO/STATE: \_\_\_\_\_ SOC SEC: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HOME PHONE: (810)-\_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL/PGR: \_\_\_\_\_

ARE YOU APPLYING FOR (CIRCLE ONE) : \_\_\_\_\_ PURCHASE PERMIT / REGISTRATION \_\_\_\_\_

OTHER (EXPLAIN): \_\_\_\_\_

HAVE YOU EVER: BEEN ARRESTED? \_\_\_\_\_ JUDGED INSANE? \_\_\_\_\_

ARE YOU CURRENTLY BEING TREATED FOR MENTAL ILLNESS?: \_\_\_\_\_

DO YOU HAVE, OR HAVE YOU BEEN TREATED FOR DRUG / ALCOHOL ABUSE: \_\_\_\_\_

HAVE YOU EVER ATTEMPTED SUICIDE?: \_\_\_\_\_ ARE YOU, OR HAVE YOU BEEN THE

SUBJECT OF A PPO, INJUNCTIVE OR OTHER SIMILAR ORDER? \_\_\_\_\_

IF ANY OF ABOVE QUESTIONS ANSWERED YES, PLEASE EXPLAIN IN DETAIL: \_\_\_\_\_

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**I certify that all information given within this document is true and accurate**

**Signed:** \_\_\_\_\_ **dated:** \_\_\_\_\_

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Office Use Only Circle Applicable

LEIN-NCIC FILE / LEIN CHR / NCIC CHR III / CMIS / SOS FILES / AGENCY DDP – PAPER FILES / TEST / 67  
DISTRICT COURT RECORDS / OTHER: \_\_\_\_\_

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APPROVED/DENIED \\\ SIGNED: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_