

**Concealed Firearms Permit
Application for Renewal
Caribou Police Department**

Date: _____

Name: _____

Physical Address: _____

Renewal Fee: \$20.00
Duplicate Fee: \$5.00
Change of Address: \$2.00
Lamination Fee: \$5.00

Make checks payable to:
City of Caribou

Please provide your driver's
license so a copy can be made.

Date of Birth: _____ Sex: _____ Race: _____

Eyecolor: _____ Haircolor: _____ Height: _____ Weight: _____

Previously Issued Permit #: _____ Expiration Date: _____

Have you been charged with any new crimes since the issue date of your last permit? Yes No
If yes, please explain. _____

Have you had any contact with law enforcement since the issue date of your last permit? Yes No
If yes, please explain. _____

Are you a drug abuser, drug addict, or drug dependent person? Yes No
If yes, please explain. _____

Do you have a mental disorder that causes you to be potentially dangerous to yourself or others? Yes No
If yes, please explain. _____

Please initial below stating you have read and understand the statement:

_____ *I understand that any false statements I make on this renewal application or documents I make a part of this application may result in criminal prosecution pursuant to 25 M.R.S.A. Section 2004 (1) and/or 17-A M.R.S.A. Section 453, unsworn falsification.*

Signature: _____ Would you like your permit laminated for an extra \$5.00? Yes No

Date: _____ Permit #: _____ Date of Expiration: _____

Method and Amount of Payment: _____ Initials: _____