

STATE OF INDIANA)
)
INDIANA STATE POLICE)
)
FIREARMS LICENSING SECTION)

License Application No.: _____

AFFIDAVIT

The undersigned, _____, being first duly sworn upon oath,
states as follows: *(enter full legal name)*

1. I am authorized under federal law and the laws of my state or territory of residence to own or possess a firearm;
2. I am a currently a resident of _____.
3. I have a regular place of business or employment in Indiana. The name of that business or employer is _____, and it is located at _____, in _____ County, Indiana.
4. I acknowledge and understand that by applying for an Indiana License to Carry Handgun, that I am subject to the laws and jurisdiction of the State of Indiana for any violation of the Indiana Firearms Statutes.
5. I acknowledge and understand that providing false information on this form is punishable as perjury under Indiana Code 35-44.1-2-1 and under the Indiana Firearms statutes at 35-47 *et seq.*

FURTHER AFFIANT SAYETH NOT.

Signature

Subscribed and sworn to before me

this _____ day of _____, _____.

Notary Public