FIREARMS IDENTIFICATION CARD

Minor Consent Form

To the firearms licensing authority for the Town of Rowley:

This is to certify that the undersigned is the parent or guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, age\_\_\_\_\_\_\_\_.

I have read section 129B of chapter 140 of the Massachusetts general laws and

confirm that my above named child is not disqualified for any reason from

possessing a firearms identification card (ages 15-17).

I hereby grant permission to my above named child to apply for a Firearms Identification Card (FID). I further grant permission to the Chief of Police of the Town of Rowley, or his designee, to issue such card to my above named child.

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Signature of Parent or Guardian Date

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Street Address Town tate Zip

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Witness – Police Officer, Town of Rowley