



CFS #: _____
MiPistol Application #: _____

Chelsea Police Department LTP Applicant Data Form

Please complete all fields legibly.

NAME: _____ / _____ / _____ / _____
(LAST) (FIRST) (MIDDLE) (SUFFIX)

PREVIOUS NAMES OR MAIDEN NAME: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE OR STATE ID #: _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE #: _____ COUNTY OF RESIDENCE: _____

RACE: _____ GENDER: _____ HEIGHT: _____

HAIR: _____ EYES: _____ WEIGHT: _____

U.S. CITIZEN:

- YES
 NO

IF NO, ARE YOU A LEGAL IMMIGRANT: _____ ALIEN REGISTRATION NUMBER: _____
Y/N IF APPLICABLE

RESIDENT OF MICHIGAN FOR SIX MONTHS OR MORE: _____
Y/N

PLACE OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

NUMBER OF LICENSES REQUESTED: _____

Pistol Permit Process:

- Complete and submit Applicant Data Form (this form) to Chelsea Police Department with photocopy of BOTH sides of your driver's license/state ID
 - LTP Application will be issued. **NEEDS TO BE SIGNED & NOTARIZED**
 - Return notarized LTP Application in person (appt. needed)
 - LTP will be issued if no disqualifiers

Appointment Date/Time: _____

Appointments will be scheduled M-F between 8am and 3pm. When you arrive for your appointment, please call **734-475-9122 Option 3** or utilize the call button in the vestibule.