



# **TOWN OF ERVING**

## **Department of Police**

71 French King Highway

Erving, Massachusetts 01344

Phone (413) 423-3310 · Fax (413) 423-3340

I, \_\_\_\_\_ certify that I am the parent or legal guardian of \_\_\_\_\_, that he/she is a minor fifteen years or over, but under the age of eighteen years and is applying for a Firearms Identification Card under G.L. Chapter 140, Section 129B. I give my written consent to have him/her obtain a Firearms Identification Card.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date