

# MAUI POLICE DEPARTMENT

## Records & Identification Section / Firearms Unit

### State and National Criminal History Record Check Consent & Notification

Pursuant to Hawaii Revised Statutes (HRS) §846-2.7, the following consent & notification must be obtained from each Permit to Acquire Firearm applicant and each person registering a firearm imported into the state for which fingerprints are submitted to the Hawaii Criminal Justice Data Center and the FBI.

All information is REQUIRED.

Applicant Name: \_\_\_\_\_

Alias(es): \_\_\_\_\_

SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

- I have not been convicted of a crime.  
 I have been convicted of the following crime(s):

Describe the crime(s) and the particulars, such as dates, offenses, and disposition (attach additional sheets as necessary).

I, the undersigned, hereby authorize the Maui Police Department, Records & Identification Section, Firearms Unit to submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purposes of accessing and reviewing state and national criminal history records that may pertain to me. I understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national Rap Back Program.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint-based criminal history record check. I may obtain a copy of my criminal history record by submitting fingerprints and fees directly to the HCJDC and/or FBI. I understand that the procedures for obtaining a change, correction, or updating of my criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.34.

A copy of the FBI Privacy Act Statement has been provided to me. I acknowledge that I have read, understand, and agree to the FBI Privacy Act Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_