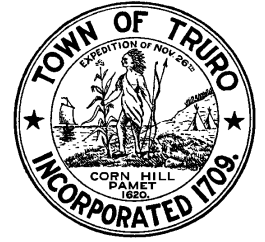




**TRURO POLICE DEPARTMENT**  
**344 ROUTE 6, PO Box 995**  
**TRURO, MA 02666**  
**508-487-8730**  
**FAX 508-487-8736**



I, \_\_\_\_\_, do hereby certify that the Firearms Identification Card that was issued to me from the Truro Police Department was lost or destroyed and I am now making application for a replacement.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**