SUPERIOR COURT OF THE STATE OF DELAWARE
REFERENCE QUESTIONNAIRE

APPLICANT'S NAME _____ DATE OF BIRTH _____

APPLICANT'S ADDRESS _____
Street

_____ _____ _____ _____
City County State Zip Code

REFERENCE MAY NOT BE RELATED TO APPLICANT

ATTENTION REFERENCE:
The above individual has applied to the State of Delaware for a license to carry a concealed deadly weapon. The applicant is required to furnish five (5) references from respectable citizens of the county in which such applicant resides. Your background knowledge of this individual is essential to our investigation. The application cannot be approved without this completed questionnaire. Please fill out this questionnaire completely by answering every question, to the best of your ability. If your answer requires an explanation, use the additional space provided. RETURN THE REFERENCE TO THE APPLICANT FOR FILING WITH THE COMPLETED APPLICATION.

REFERENCE'S NAME _____ DATE OF BIRTH _____

DAYTIME PHONE _____ CELL PHONE _____

REFERENCE'S ADDRESS _____
Street

_____ _____ _____ _____
City County State Zip Code

1. How long have you known the applicant? _____

2. Has the applicant ever exhibited a propensity for violence which may reasonably render applicant's possession of a handgun a danger to applicant or other law abiding citizens? Yes ☐ No ☐

   If yes, explain _____
   _____

3. Do you know of any reason why the applicant should not be given a license to carry a concealed deadly weapon? Yes ☐ No ☐

   If yes, explain _____
   _____

4. Are you aware of the reason why this applicant has applied for a license to carry a concealed deadly weapon? Yes ☐ No ☐

If yes, explain _____

_____

(Additional Space):

I DO HEREBY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING REFERENCE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, AND I SO INDICATE BY SIGNING BELOW IN THE DESIGNATED SPACE.

_____
Signature

Revised 1/10

Print Form