

**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