[Doctor's Name/Letterhead]
[Medical License Number]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Name of Licensing Authority/Police Department]
[Address of Licensing Authority]

RE: Psychiatric Clearance for [Patient Full Name]

Date of Birth: [Patient Date of Birth]

To Whom It May Concern,

I am a licensed psychiatrist in the state of [State Name]. I am writing this letter at the request of my patient, [Patient Full Name], in connection with their application for a firearm permit.

I conducted a formal psychiatric evaluation of [Patient Full Name] on [Date of Evaluation]. The purpose of this evaluation was to determine if the patient possesses any mental health condition that would pose a danger to themselves or others, or that would interfere with the safe handling of a firearm.

Based on my clinical interview, a review of the patient's psychiatric history, and current mental status examination, it is my professional opinion that:

- The patient does not currently exhibit symptoms of a mental disorder that would disqualify them from firearm ownership under [State/Federal] law.
- The patient does not demonstrate a history of violent behavior or suicidal ideation.
- The patient is of sound mind and capable of exercising judgment and self-control.

Therefore, I provide medical clearance for [Patient Full Name] to possess and carry a firearm. This clearance is based on the patient's condition at the time of the evaluation.

If you require any further information, please contact my office.

Sincerely,

[Signature]
[Typed Name of Psychiatrist]
[Medical License Number]