Connecticut Department of Public Safety ("DPS") Division of State Police Special Licensing and Firearms Unit

PISTOL PERMIT APPLICATION

Before completing this application, it is suggested that the accessed on the Internet at <a (i.e.,="" a="" and="" are="" authorization="" birth="" both="" by="" carry="" certificate,="" certified="" copy="" documentation="" for="" have="" href="https://www.cga.ct.go.go.go.go.go.go.go.go.go.go.go.go.go.</th><th>v. For those without Internet access, pleas</th><th>se contact your local library.</th></tr><tr><td colspan=5>• For DPS, Division of State Police, pistol permit locations, access <u>www.ct.gov/dps</u> and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290.</td></tr><tr><td colspan=5>I. Type of Permit Requested:</td></tr><tr><td>Check Box: Temporary State Pistol Permit Non-Resident State Pistol Permit Eligibility Certificate to Purchase Pistols o</td><td>r Revolvers</td><td></td></tr><tr><td>II. Instructions:</td><td></td><td></td></tr><tr><td>Instructions for Temporary State Pistol Permits:</td><td>Instructions for Non-Resident State Pistol Permits:</td><td>Instructions for Eligibility Certificates to Purchase Pistols or Revolvers:</td></tr><tr><td> Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first selectperson, as applicable) along with the below: Completed State and Federal fingerprint cards with \$50.00 fee and \$19.25 fee payable to DPS Firearms Safety & Use Course Certificate \$70.00 payable to the local authority Proof you are legally and lawfully in the United States (i.e., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.) Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days Within the 60 day period, go to a DPS, Division of State Police, pistol permit location and submit the following: The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority; A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C); \$70.00 payable to DPS Proof you are legally and lawfully in the United States (i.e., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.) Your photograph will be taken at DPS </td><td>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction. Complete this form and submit to DPS, Division of State Police, pistol permit location along with the below: Completed State and Federal fingerprint card with \$50.00 fee and \$19.25 fee payable to DPS for criminal history background checks Firearms Safety & Use Course Certificate \$70.00 payable to DPS Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C). Complete DPS-129-C and attach 2x2 color photograph passport style), and the " i.c.e.)="" in="" information"="" information:<="" issued="" jurisdiction="" lawfully="" legally="" license="" notarized.="" of="" or="" out="" passport="" permit="" personal="" pistol="" proof="" provide="" recognized="" release="" revolver="" sign="" state="" states="" td="" the="" to="" u.s.="" united="" you=""><td></td>		
Your pnotograph will be taken at DPS	State of Issue:	
	Expiration Date:	
	Permit Number:	

III. COMPLETE BELOW: (All Applicants)				
A. Contact Information/Identifying Information:				
Name of Applicant				
Last Suffix				
First Middle Initial				
Provide all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.) (Attach additional sheet(s), if necessary)				
(wilder additional encodedity)				
Date of Birth Sex Height Weight				
Date of Birth Sex Height Weight Race:				
Month/Day/Year Use NCIC personal code descriptors for guidance				
Place of Birth Social Security Number				
City/Town State				
City/Town State Country of Citizenship Alien Reg. Number (If applicable)				
Residential Address (List street address. Post office box numbers are not acceptable)				
Number/Street				
City/Town State Zip Code				
List Residential Addresses for the Last 7 Years (Attach additional sheet(s), if necessary) *Any subsequent changes of address must be reported within 48 hours				
Any subsequent enanges of address must be reported within 40 hours				
1				
2				
Mailing Address (If different from current residential address above)				
Number/Street				
City/Town State Zip Code				
Home Telephone Number Motor Vehicle Operators License Number				
Area Code State of Issue				
B. Employment History:				
List Employers for the Last 7 Years (Provide employer's name, address and telephone number)				
(Attach additional sheet(s), if necessary)				
1				
2				
C. Permit History:				
Have you had a firearms permit or permit application from <u>ANY</u> jurisdiction in the United States denied, suspended or revoked? NO YES				
If "YES," provide:				
Identify the jurisdiction which issued the denial, suspension or revocation:				
Date of denial, suspension or revocation:				
The reason for the denial, suspension or revocation:				

D. Medical History:			
Have you been confined in a hospital for mental illness in the past twelve (12) months by order of a Probate Court? NO YES If "YES," explain: (Attach additional sheet(s), if necessary)			
Have you been discharged from custody within the past twenty years after having been found Not Guilty of a crime by Reason of a Mental Disease or Defect? NO YES If "YES," explain: (Attach additional sheet(s), if necessary)			
Notice: DPS herein notifies the applicant that, pursuant to Connecticut General Statutes Sections 29-28 through 29-38b, DPS will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined to a hospital for psychiatric disabilities within the preceding twelve (12) months by order of probate court.			
E. Criminal History: Have you ever been ARRESTED for any crime, in any jurisdiction? NO YES If "YES," list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary)			
Notice: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to C.G.S. 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46b-146), an adjudication as a youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon (C.G.S. 54-142a).			
With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.			
Have you ever been CONVICTED under the laws of this state, federal law or the laws of another jurisdiction? NO YES If "YES," list all convictions, include charges, location, date of arrest, and disposition. (Attach additional sheet(s), if necessary)			
Are you currently on probation, parole, work release, in an alcohol and/or drug treatment program or other pretrial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case? NO TYES. If "YES," explain. (Attach additional sheet(s), if necessary)			
Have you ever been the subject of a Protective Order or Restraining Order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person, regardless of the outcome or result of any related criminal case? NO YES 1f "YES," which court issued the order?			
F. Military History:			
Were you ever a member of the Armed Forces of the United States? NO YES			
Were you ever discharged from the Armed Forces of the United States with a <u>less than</u> Honorable Discharge? ☐NO ☐YES.			
*If you have ever been a member of the Armed Forces of the United States and have been discharged, attach a copy of your DD-214.			

G. Proof of Training:				
	ficate attesting that you have a	completed a course in the safety and use of pistols and		
revolvers, signed by the pistol or re		and and a process and		
Instructor: (Check Applicable Box				
motractor: (encor/applicable Bo)	•/			
National Rifle Association				
Department of Environmental	Protection			
Other:				
State Instructor's Name and ID #				
H. Declaration:				
I understand that any false state	ments made herein, which	I do not believe to be true and which is intended to		
mislead a public servant in the	performance of their official	function, is punishable in Connecticut pursuant to		
		that any statements in this application that are		
		Is for the permit or certificate not to be issued, or if		
		eation. My signature below attests to the accuracy,		
completeness, and to the truth o				
completeness, and to the truth o		tins application.		
I declare condentite republica of	Folos Ctatamant that the an	average to the above one two and connect		
i deciare, under the penalties of	raise Statement, that the an	swers to the above are true and correct.		
Date:	Signed			
Date				
STATE OF				
01/(12.01				
	Print Name			
COUNTY OF	Time Hamo			
				
Subscribed and sworn to befo	re me this day of	20		
	aa, o			
	Name:			
	Notary Po	ublic		
	My Comr	nission Expires:		
	Commiss	sioner of Superior Court		
	NOTICE A LD	(B ''		
	NOTICE: Appeal Proce			
In the event that your application	า to carry pistols or revolver	s is denied or your permit is revoked, you may		
notify the Board of Firearm Perr	nit Examiners, in writing, wif	thin ninety (90) days, in order to begin your appeal		
•		nat your application be reconsidered or that your		
permit be reinstated. Additionally, in the event that your permit application has not been processed by the				
		tify the Board of Firearm Permit Examiners.		
		ners: 505 Hudson Street, 5 th Floor, Hartford, CT		
06106. Telephone (860) 566-70)78 or (800) 996-7078.			
	, ,			
For Official Use Only				
For Official Use Only:		Application Status		
Application Received:	FBI Sent: No Yes	Application Status:		
	FBI Reply: No Yes			
	ICE Response: No Yes	Approved Denied		
Month/Day/Year	DMHAS: No Yes			
	SPBI: No Yes #	(Signature and title of issuing authority)		
		(Signoture ong title of iccuing outhority)		