BRISTOL POLICE DEPARTMENT
131 North Main Street

PISTOL PERMIT APPLICATION INSTRUCTIONS

All applicants must complete and submit the following:

- ☐ A fully completed & notarized pistol permit application.
- ☐ A completed waiver for release of information.
- ☐ An original letter or certificate attesting to the applicant's competence with a handgun signed by a certified NRA instructor, or a police firearms instructor, or the United States Concealed Carry Association.
- ☐ Three valid checks made out as follows:
  - $13.25: Payable to "Treasurer State of Connecticut" for a federal criminal history check.
  - $75.00: Payable to "Treasurer State of Connecticut" for a state criminal history check.
  - $70.00: Payable to "Bristol Police Department" for the application fee.
- ☐ A valid CT operator's license or a State of Connecticut photo identification.
- ☐ A birth certificate and/or passport or documentation issued by the Department of Homeland Security.
- ☐ Ex- military personnel must provide a valid DD214.
- ☐ Read, sign, & date the FBI Primary Act Statement.
- ☐ After the paperwork is completed, call the Bristol Police permit unit at (860) 314-4578 and make an appointment for fingerprinting & application processing.

IMPORTANT NOTES:

The applicant's name, address, CT driver's license number & expiration date must be written legibly on all three checks. Applicants may submit personal checks, bank checks, or money orders – CASH NOT ACCEPTED.

A copy of all the original documents will be made and kept with the application. Original copies will be returned to the applicant at the time of processing.

BRISTOL POLICE DEPARTMENT
131 North Main Street

INFORMATION WAIVER

DATE: _____

NAME(S): _____

CURRENT STREET ADDRESS: _____
Bristol CT 06010

I, (name) _____, (date of birth) _____, am an applicant for a pistol permit in the City of Bristol, Connecticut. I give permission to release all police related reports that include my name. I use to reside at the following address:

_____
(Address, Town/City, State & Zip Code)

_____
(Address, Town/City, State & Zip Code)

_____
(Address, Town/City, State & Zip Code)

_____
(Address, Town/City, State & Zip Code)

_____
(Address, Town/City, State & Zip Code)

The information may be released to the Bristol Police Department for their background investigation, for my pistol permit application.

SIGNATURE: _____ DATE: _____

REV. Jan 2019

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Special Licensing and Firearms Unit

PISTOL PERMIT/ELIGIBILITY CERTIFICATE APPLICATION

(Pursuant to C.G.S. §§ 29-28 et. seq., 29-36 et. seq., and 53a-217 et. seq.

Before completing this application, it is suggested that you review the Connecticut General Statutes pertaining to firearms. These can be accessed on the Internet at www.cga.ct.gov. or through your local library.

Type of Permit Requested:

Check Box:

- ☐ 60 Day Temporary State Pistol Permit
- ☐ Non-Resident State Pistol Permit
- ☐ Eligibility Certificate to Purchase Pistols or Revolvers
- ☐ Eligibility Certificate to Purchase Long Guns

Instructions:

Instructions for State Pistol Permits:

1. Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first select person, as applicable) along with all of the following:
   - Firearms Safety & Use Course Certificate;
   - $70.00, fee, payable to the local authority; and
   - Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.).
2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a $75.00 fee and a $13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.
3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.
4. Within the 60 day period, go to a DESPP, 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 fee, payable to **Treasurer, State of Connecticut;**
   - Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and
   - Proof of valid state issued photo identification card.
5. Upon approval, *your photograph will be taken at DESPP and you will be issued a state pistol permit.*

Instructions for Non-Resident State Pistol Permits:

****CALL DESPP FOR PACKET****

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 DESPP, Division of State Police, pistol permit location along with all of the following:

- Completed State of CT and Federal fingerprint card with $75.00 fee and $13.25 fee, payable to **Treasurer, State of Connecticut** for criminal history background checks;
- Firearms Safety & Use Course Certificate;
- $70.00 fee, payable to **Treasurer, State of Connecticut;**
- Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C);
- Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style);
- Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction;
- Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.);and
- Proof of valid state issued photo identification card.

Out of State Pistol Permit Information:

State of Issue: _____

Expiration Date: _____

Permit Number: _____

Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:

1. Complete this form and submit in person at DESPP Headquarters, Division of State Police, located at 1111 Country Club Road, Middletown, Connecticut along with the below:
   - Firearms Safety & Use Course Certificate;
   - $35.00 fee, payable to **Treasurer, State of Connecticut;**
   - Application for a State Eligibility Certificate for a Pistol or Revolver or for Long Guns (DPS-164-C);
   - Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and
   - Proof of valid state issued photo identification card.
2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a $75.00 fee and a $13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.
3. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate.

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access www.ct.gov/despp and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290. Note: All payments must be made with separate checks.

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Contact / 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)

Date of Birth	**Sex**	**Height**	**Weight**	**Eye Color**
☐☐/☐☐/☐☐☐☐ Month/Day/Year	☐F ☐M	☐Ft. ☐☐In.	☐☐☐Lbs.	☐ Brown ☐ Blue ☐ Black ☐ Green ☐ Gray ☐ Hazel

Race
☐White ☐American Indian/Alaskan Native ☐Asian/Pacific Islander
☐Black ☐Unknown ☐Other

Hair Color
☐ Brown ☐ Black ☐ Blonde ☐ Red
☐ Gray ☐ White ☐ Bald

Place of Birth
City/Town , State

Social Security Number (***Optional, but will help prevent misidentification***)
☐☐☐-☐☐-☐☐☐☐

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 to the Special Licensing and Firearms Unit*
1. _____
2. _____

Mailing Address (If different from current residential address above)
Number/Street
City/Town , State Zip Code -

Home Telephone Number
(☐☐☐) ☐☐☐-☐☐☐☐
Area Code

Alternate Telephone Number
(☐☐☐) ☐☐☐-☐☐☐☐
Area Code

Motor Vehicle Operator's License Number
State of Issue

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. _____

Permit or Eligibility Certificate History:

Have you had a firearms permit, permit application or eligibility certificate of any kind from <u>ANY</u> jurisdiction in the United States denied, suspended or revoked? ☐NO ☐YES

If "YES," provide:

1. **Identify the jurisdiction which issued the denial, suspension or revocation:** _____
2. **Date of denial, suspension or revocation:** _____
3. **The reason for the denial, suspension or revocation:** _____

Medical History:

Have you been confined in a hospital for mental illness in the past sixty (60) 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)

Have you been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence? ☐NO ☐YES
If "YES," explain: (Attach additional sheet(s), if necessary)

Notice: *DESPP herein notifies the applicant that, pursuant to C.G.S. §§ 29-28 through 29-38b, DESPP 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 sixty (60) months by order of Probate Court, or if the applicant has been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence.*

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 pre-trial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case? ☐NO ☐YES If "YES," explain. (Attach additional sheet(s), if necessary)

Within the past five (5) years, have you 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

If "YES," which court issued the order?

Military History:

Were you ever a member of the Armed Forces of the United States? ☐NO ☐YES (If yes, please include a copy of your DD-214)

Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge? ☐NO ☐YES

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Proof of Training:

**Attach a copy of the letter or certificate attesting that you have completed a course in the safety and use of pistols and revolvers or long guns (as appropriate, depending upon which permit or certificate you are requesting), signed by the instructor of the course.*

Instructor: (Check applicable box)

☐ **National Rifle Association**
☐ **Department of Energy and Environmental Protection (DEEP)**
☐ **Other**: _____

State Instructor's Name and ID Number: _____

Declaration:

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See CGS § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application:

I declare, under the penalties of false statement, that the answers to the above are true and correct.

Date _____ Signed _____

STATE OF _____

Print Name _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ 20____

_____
Name:
Notary Public
My Commission Expires:
Commissioner of Superior Court

NOTICE: Appeal Process for Permits

In the event that your application for pistol permit or eligibility certificate is denied or revoked, you may notify the Board of Firearm Permit Examiners, at 20 Trinity St., 5th Floor, Hartford, CT 06106. Telephone: (860)256-2977 OR (860) 256-2947, in writing, within ninety (90) days, in order to begin your appeal process. At a hearing before the Board, you may request that your application be reconsidered or that your permit or eligibility certificate be reinstated.

For Official Use Only:

Application Received:			**Application Status:**
☐☐/☐☐/☐☐☐☐ Month/Day/Year	FBI Sent:	☐No ☐Yes	☐Approved ☐Denied
	FBI Reply:	☐No ☐Yes	
	ICE Response:	☐No ☐Yes	
	DMHAS:	☐No ☐Yes	_____
	SPBI:	☐No ☐Yes	(Signature and title of issuing authority)
	Number : _____		

FBI Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Applicant Signature:_____ **Date:**_____