

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.)

firearms. These can be accessed on the Internet at www.cga.ct.gov or through your local library.						
Type of Permit Requested:						
Check Box: Go 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:	Instructions for Non-Resident State Pistol Permits:	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:				
 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.). 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. 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 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 	**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.	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; S35.00 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				
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.	Out of State Pistol Permit Information: State of Issue: Expiration Date: Permit Number:	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.

Contact / Identifying Information:				
Name of Applicant				
Last 				
L L L L L L L L L L				
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				
Race Hair Color				
	Red			
Place of Birth Social Security Number (Optional, but will	help			
City/Town State prevent misidentification)	7			
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)				
L. _ _ _ _ _ _ _ _ _ Number/Street				
City/Town State Zip Code				
Home Telephone Number Motor Vehicle Operator's License Number				
(LILILI) LILILI LILILILILILILILILILILILILILILI				
Alternate Telephone Number				
Area Code				
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:				
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 TYES 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? \square NO \square 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 <u>pursuant to the law of the other jurisdiction</u> . 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 TYES 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 <u>less than</u> Honorable Discharge? ☐NO ☐YES				

		Droof of Traini	in au		
		Proof of Traini	ing:		
			ompleted a course in the safety and use of pistols and or certificate you are requesting), signed by the instructor		
☐ National Rifle Association ☐ Department of Energy and Envi ☐ Other:					
State Instructor's Name and ID Nu	ımber:				
		Declaration			
servant in the performance of his or that any statement in this application such application. If approved before	her official function that is determine the facts are known state to the accuracy	on, is punishable led to be false or own, such appro cy, completenes:	be true and which is intended to mislead a public by law (See C.G.S. § 53a-157b). I further understand inaccurate shall constitute grounds for the denial of eval shall be void if based on a false or inaccurate shall to the truth of all information supplied on this the above are true and correct.		
Date	Sign	ned			
CTATE OF					
STATE OF					
COUNTY OF	Print —	t Name			
Subscribed and sworn to before	e me this d	day of	20		
Name: Notary Public My Commission Expires: Commissioner of Superior Court					
	NOTICE: A	Appeal Proces	s for Permits		
Board of Firearms Permit Examir 256-2947, in writing, within ninety	for pistol permi ners, at 165 Cap y (90) days, in c	it or eligibility copitol Ave., Suite	ertificate is denied or revoked, you may notify the e 1070, Hartford, CT 06106. Telephone: (860) our appeal process. At a hearing before the or that your permit or eligibility certificate be		
	F	o <u>r Official U</u> se O			
Application Received:	FBI Sent:	□No □Yes	Application Status:		
Month/Day/Year	FBI Reply: ICE Response: DMHAS:	No Yes No Yes	ApprovedDenied		
	SPBI:	□No □Yes	(Signature and title of issuing authority)		
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