TO ALL PISTOL PERMIT APPLICANTS

You must submit the following information for your application to be accepted and processed. Please use this checklist and bring the listed documentation directly to the Police Department.

___ A completed, signed and notarized application. Please fill in all applicable sections.

___ Fee in the form of a money order or certified bank check made out to:

   • East Hampton Police Department for $158.25

All fees are non-refundable. (Cash and personal checks will not be accepted.)

___ A copy of your Birth Certificate (or Passport) and your Driver’s License or state issued identification card.

___ A Certificate of Competency from a NRA Certified Pistol Instructor, a Police Firearms Instructor or a Gun Club Officer which attests to your competence with a handgun. This certificate must be dated within a reasonable amount of time to be determined by the Chief of Police.

___ Confirm that you do not fall under any of the disqualifying categories on Page 2 of the attached Instructions to Applicants (Form DPS-769-C)

___ We suggest you bring all of above listed documentation with you to the Police Department during the hours listed below. At that time you will be fingerprinted.

___ Once we receive the results of the background investigation, the office of the Chief of Police will contact you by mail to schedule a brief meeting to review all application documents. Appointments will be held Tuesday evenings between the hours of 4:30 and 6:15 p.m. At that time, the Chief of Police will determine whether or not your application has been approved. If approved, he will issue the temporary permit at that time.

___ Upon issuance of your Temporary State Pistol Permit you must apply within 60 days for a state permit at the Department of Public Safety. You must bring a $70.00 check made payable to Treasurer-State of CT. Should you not apply for the state permit within the 60 days your temporary license will expire, you will have to go through the process again.

ALL FINGERPRINTS FOR APPLICATIONS WILL BE DONE ONLY ON MONDAYS & WEDNESDAYS FROM 8:30 – 11:30AM AND TUESDAYS FROM 4:30 – 6:30 PM.

APPOINTMENTS MUST BE MADE. PLEASE CALL THE ROUTINE NUMBER FOR THE POLICE DEPARTMENT DURING NORMAL BUSINESS HOURS, MONDAY, WEDNESDAY AND THURSDAY BETWEEN 8:00 AM AND 4:00 PM, TUESDAY 8:00 AM TILL 6:30 PM, AND FRIDAY BETWEEN 8:00 AM AND 12:30 PM. AT 860-267-9544.

INDIVIDUALS COMING IN TO BE FINGERPRINTED WILL BE REQUIRED TO PROVIDE THEIR OWN PROTECTIVE MASK AND WEAR IT AT ALL TIMES.
# Instructions to Applicants

## Pistol Permits – New

1. A valid Temporary State Permit to Carry Pistols or Revolvers (DPS-11-C) must be presented in person at the Department of Emergency Services and Public Protection (DESPP) Headquarters located at 1111 Country Club Road, Middletown, Connecticut 06457-2389.

2. Proof of legal and lawful presence in the United States is required. Acceptable forms of proof include a birth certificate, U.S. passport, or documentation of permanent residence from the U.S. Citizenship and Immigration Services.

3. Payment of a $70.00 fee is required, either by check or money order made payable to “Treasurer, State of Connecticut” or by exact cash payment.

4. Your photograph and signature will be taken at DESPP.

## Pistol Permits – Renewal In-Person

1. All pistol permits may be renewed in person at DESPP Headquarters ninety (90) days prior to expiration or up to ninety (90) days after expiration. No permit can be renewed after the ninety (90) day grace period following the expiration date.

2. Confirm the accuracy of the information on DPS-129-C. If corrections are required, draw a single line through any incorrect information and write in the correct information. Present the corrected form to DESPP.

3. Bring a $70.00 check or money order made payable to “Treasurer, State of Connecticut” or exact cash payment.

4. Provide proof of being legally and lawfully in United States: U.S. Passport, Birth Certificate or Permanent Resident ID issued by I.C.E. or Naturalization Certificate.

   **NOTE:** If Place of Birth states, “VERIFIED”, you do not need to bring item # 4.

5. Your photograph and signature will be taken at DESPP.

## Pistol Permits – Renewal by Mail

1. Out-of-state pistol permits may be renewed by mail. Effective 10/01/11, in-state renewals may also be completed by mail.

2. Confirm the accuracy of the information on DPS-129-C. If corrections are required, draw a single line through any incorrect information and write in the correct information. Sign the corrected form in the presence of a notary prior to mailing.

3. Using transparent tape, attach a 2” x 2” color passport photo, taken within the previous six (6) months, in the box provided.

4. Include a $70.00 check or money order made payable to “Treasurer, State of Connecticut.” Do not send cash.

4. Proof of legal and lawful presence in the United States is required. Acceptable forms of proof include a birth certificate, U.S. passport, or documentation of permanent residence from the U.S. Citizenship and Immigration Services. Do not send originals.

5. Include a self-addressed, stamped #10 envelope.

### Renewals for Armed Security Officers (Blue Cards/Class 1) and Bail Enforcement Agents (Gold Cards/Class 2)

1. Follow the instructions above for Pistol Permits – Renewal In-Person.

2. An additional check or money order for $62.00 is made payable to “Treasurer, State of Connecticut.”

3. Include a self-addressed, stamped #10 envelope.

4. Armed Security Officers must submit a DPS-1030-C annually as proof of completion of the handgun qualification refresher course.

### Eligibility Certificates (New & Renewals)

1. New applicants must complete the DPS-799-C and DPS-164-C, and sign it in the presence of an official when your photo is taken.

2. Submit an affidavit signed by an instructor certified by the State, the National Rifle Association, or the Department of Energy and Environmental Protection stating that the applicant successfully completed a safety or training course in the use of pistols or revolvers or long guns. Such statement shall specify that the instructor was so certified at the time that he taught the course, and shall include the full name of the applicant, and the date, location and duration of the course.

3. Submit fingerprints with two (2) separate checks or money orders to cover the federal processing fee of $13.25 and the state fee of $75.00, both made payable to “Treasurer, State of Connecticut”, for the required criminal background checks.

4. Submit an additional check or money order for $35.00 made payable to “Treasurer, State of Connecticut” for the processing of the Eligibility Certificate. If you are appearing in person, exact cash payments will be accepted.

5. When applicable, criminal and/or mental health records must be submitted per Connecticut General Statutes Section 29-36g.

6. Renewal applicants must submit a DPS-129-C-2, with $35.00 fee made payable to “Treasurer, State of Connecticut” and documentation of legal and lawful presence in the United States (see # 2 under “Pistol Permits New” for acceptable documents, if previously not verified. **Do not mail cash.**

7. Include a self-addressed, stamped #10 envelope.

### Ammunition Certificates (New & Renewals):

1. **New applicants must complete DESPP-417-C, and sign it in the presence of an official when your photo is taken.**

2. Submit check or money order for $35.00 made payable to “Treasurer, State of Connecticut” or exact cash payment, for the processing of the Ammunition Certificate.

3. When applicable, criminal and/or mental health records must be submitted per Connecticut General Statutes Section 29-36g

4. Renewal applicants must submit a DPS-129-C-2 with $35.00 fee made payable to “Treasurer State of Connecticut.” **Do not mail cash.**

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SEE IMPORTANT NOTICES – REVERSE SIDE
Pursuant to C.G.S. §§ 29-28, 29-32, 29-36f 29-36i, and 18 U.S.C. § 922, applications covered by these instructions will not be issued or be renewed, if:

1. You have a **FELONY CONVICTION** in any jurisdiction.

2. You have a **MISDEMEANOR CONVICTION** in Connecticut for one of the following crimes: After 10/01/1994
   - a. Illegal possession of controlled or hallucinogenic substances, as specified under C.G.S. § 21a-279
   - b. Criminally negligent homicide as specified under C.G.S. § 53a-58
   - c. Assault in the third degree as specified under C.G.S. § 53a-61
   - d. Assault of an elderly, blind, disabled or pregnant person or a person with intellectual disability in the third degree as specified under C.G.S. § 53a-61
   - e. Threatening in the second degree as specified under C.G.S. § 53a-62
   - f. Reckless endangerment in the first degree as specified under C.G.S. § 53a-63
   - g. Unlawful restraint in the second degree as specified under C.G.S. § 53a-96
   - h. Riot in the first degree as specified under C.G.S. § 53a-175
   - i. Riot in the second degree as specified under C.G.S. § 53a-176
   - j. Inciting to riot as specified under C.G.S. § 53a-178
   - k. Stalking in the second degree as specified under C.G.S. § 53a-181d

3. You are an unlawful user of or addicted to any controlled substance (as defined in the Controlled Substances Act (21 U.S.C. 801, et seq.).

4. You were **CONVICTED of a MISDEMEANOR CRIME of DOMESTIC VIOLENCE**.
   This means an offense that (1) is a misdemeanor under federal or state law; and (2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, or by a person with whom the victim shares a child in common, or by a person who is cohabiting with or who has cohabited with the victim or spouse, parent, or guardian, or by any person similarly situated to a spouse, parent or guardian of the victim.

5. You were discharged from custody within the preceding 20 years after having been found **NOT GUILTY OF A CRIME BY REASON OF MENTAL DISEASE OR DEFECT** pursuant to C.G.S. § 53a-13.

6. You were **CONFINED TO A HOSPITAL** for persons with psychiatric disabilities (C.G.S. § 17a-495) within the preceding sixty (60) months by order of a Probate Court.

7. You have been voluntarily admitted to a hospital for persons with psychiatric disabilities, within the preceding six (6) months for reasons other than solely for alcohol or drug dependence.

8. You are subject to a **RESTRAINING ORDER** or **PROTECTIVE ORDER** issued by a court after notice and an opportunity to be heard has been provided to you in a case involving the use, attempted use or threatened use of physical force against another person.

9. You are the subject of a court issued risk warrant to seize firearms pursuant to C.G.S. § 29-38(c).d.

10. You are an **ILLEGAL ALIEN** in the United States.

11. You are **UNDER the AGE of 21 years.**

12. You have renounced your United States citizenship.

13. You have been discharged from the **Armed Forces under a dishonorable condition.**

14. You are prohibited by federal law, under 18 U.S.C. 922 (g) or (n).

Please mail in your renewal or direct any questions regarding your status to DESPP Headquarters, Special Licensing and Firearms Unit, located at 1111 Country Club Road, Middletown, Connecticut 06457-2389 or by telephone at (860) 685-8290. Hours of operation are Monday through Friday 8:30 am – 4:15 pm. **Please note all locations will be closed on State and Federal holidays. Troop location may be closed during inclement weather. No appointments necessary.**

**Troop E** – Montville I-395 N (between exits 6 & 9) Montville, CT 06382, telephone 860-848-6539 – Tuesday, Wednesday, Friday, and Saturday 8 am – 12 pm and 1:30- 3:45 pm; Thursday 11 am – 2 pm and 2:30 – 6:45 pm.

**Troop G** - Bridgeport, 149 Prospect Street, Bridgeport, Connecticut, 06604; telephone (203) 696-2532 Tuesday, Wednesday, Friday, and Saturday 8 am – 12 pm and 12:30- 3:45 pm; Thursday 11 am – 2 pm and 2:30 – 6:45 pm.

Current schedules, hours and directions can be found at [www.ct.gov/despp](http://www.ct.gov/despp) - click on Special Licensing and Firearms Unit link.

The Department of Emergency Services and Public Protection (DESPP) herein notifies the applicant that DESPP will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined in a hospital for persons with psychiatric disabilities within the preceding six (6) months by order of Probate Court, or if the applicant has been voluntarily admitted to a hospital for persons with psychiatric disabilities within the preceding six (6) months for reasons other than solely for alcohol or drug dependence. DESPP will use this information in order to fulfill its statutory obligations under Connecticut General Statutes Sections 29-28, 29-36f.
Noncriminal Justice Applicant’s Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification by the East Hampton Police Department that your fingerprints will be used to check the criminal history records of the FBI.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

- The officials must advise you that the procedures for obtaining change, correction, or updating of your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record. 4

- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. 5

- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 DFR 16.30 through 16.34.)

- If you need additional information or assistance, please contact:

<table>
<thead>
<tr>
<th>Connecticut Records:</th>
<th>Out-of-State Records:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Emergency Services and Public Protection</td>
<td>Agency of Record</td>
</tr>
<tr>
<td>State Police Bureau of Identification (SPBI)</td>
<td>OR</td>
</tr>
<tr>
<td>1111 Country Club Road</td>
<td>FBI CJIS Division-Summary Request</td>
</tr>
<tr>
<td>Middletown, CT 06457</td>
<td>1000 Custer Hollow Road</td>
</tr>
<tr>
<td>860-685-8480</td>
<td>Clarksburg, West Virginia 26306</td>
</tr>
</tbody>
</table>

3 Written notification includes electronic notifications, but excludes oral notifications.
4 See 28 CFR 50.12(b).
5 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information are generally authorized under 28 W.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. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect the completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

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 Route 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.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).
PISTOL PERMIT INFORMATION SHEET FOR FINGERPRINT CARDS

CASE # _____________________

NAME ________________________________

ADDRESS _________________________________________________________

MAILING ADDRESS (IF DIFFERENT)__________________________________________

SEX ____ RACE_____ DOB _________________ PLACE OF BIRTH _________________________

SOCIAL SECURITY NO. ____________________ HEIGHT _______ WEIGHT _____________

HAIR ____________  EYES _________________ PHONE NO. _______________________________

EMAIL ADDRESS ___________________________________________________________________

US CITIZEN ________________  ALIAS/MAIDEN _______________________________________

EMPLOYER / ADDRESS _____________________________________________________________

________________________________________

OCCUPATION ________________________________
PISTOL PERMIT/ELIGIBILITY CERTIFICATE APPLICATION

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

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.

Instructions:

<table>
<thead>
<tr>
<th>Instructions for State Pistol Permits:</th>
<th>Instructions for Non- Resident State Pistol Permits:</th>
<th>Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:</th>
</tr>
</thead>
</table>
| 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.). | **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;  
   - $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. | 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. |
| 3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days. | 3. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate. | |
| 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. | 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. |
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State of Issue: _______________
Expiration Date: ________________
Permit Number: ________________
# Contact / Identifying Information:

**Name of Applicant**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle Initial</th>
<th>Last</th>
</tr>
</thead>
</table>

Provide all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.)

(Attach additional sheet(s), if necessary)

**Date of Birth**

- Day
- Month
- Year

**Sex**

- Male (M)
- Female (F)

**Height**

- Ft.
- In.

**Weight**

- Lbs.

**Eye Color**

- Brown
- Blue
- Gray
- Hazel
- Black
- Green
- Other

**Race**

- White
- Asian/Pacific Islander
- Black
- American Indian/Alaskan Native
- Unknown
- Other
- Hispanic/Latino

**Hair Color**

- Brown
- Black
- Blonde
- Red
- Gray
- White
- Bald
- Other

**Place of Birth**

- City/Town
- State

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

- 

**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 ANY 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:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court?</td>
<td>NO</td>
<td>YES</td>
<td>If &quot;YES,&quot; explain: (Attach additional sheet(s), if necessary)</td>
</tr>
<tr>
<td>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?</td>
<td>NO</td>
<td>YES</td>
<td>If &quot;YES,&quot; explain: (Attach additional sheet(s), if necessary)</td>
</tr>
<tr>
<td>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?</td>
<td>NO</td>
<td>YES</td>
<td>If &quot;YES,&quot; explain: (Attach additional sheet(s), if necessary)</td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been ARRESTED for any crime, in any jurisdiction?</td>
<td>NO</td>
<td>YES</td>
<td>If &quot;YES,&quot; list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary)</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been CONVICTED under the laws of this state, federal law or the laws of another jurisdiction?</td>
<td>NO</td>
<td>YES</td>
<td>If &quot;YES,&quot; list all convictions, include charges, location, date of arrest, and disposition. (Attach additional sheet(s), if necessary)</td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you ever a member of the Armed Forces of the United States?</td>
<td>NO</td>
<td>YES</td>
<td>If yes, please include a copy of your DD-214</td>
</tr>
<tr>
<td>Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge?</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
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 ____________________

COUNTY OF ________________

Print Name ____________________

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:

<table>
<thead>
<tr>
<th>Application Received:</th>
<th>FBI Sent:</th>
<th>FBI Reply:</th>
<th>ICE Response:</th>
<th>DMHAS:</th>
<th>SPBI:</th>
<th>Number</th>
<th>Application Status:</th>
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</thead>
<tbody>
<tr>
<td>1/24/2019</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
<td>□ Approved □ Denied</td>
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<tr>
<td>Month/Day/Year</td>
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<td></td>
<td></td>
<td></td>
<td>(Signature and title of issuing authority)</td>
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