Department of Emergency Services and Public Protection
Division of State Police
Special Licensing and Firearms Unit

# PISTOL PERMIT APPLICATION

*• 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. For those without Internet access, please contact your local library.*
*• For 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.*

## I. Type of Permit Requested:

Check Box:
☐ Temporary State Pistol Permit
☐ Non-Resident State Pistol Permit
☐ Eligibility Certificate to Purchase Pistols or Revolvers

## II. Instructions:

### Instructions for Temporary State Pistol Permits:

1. 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 a $16.50 fee payable to **Treasurer, State of Connecticut** for criminal history background checks;
   - Firearms Safety & Use Course Certificate;
   - $70.00 payable to the local authority;
   - 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. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.
3. 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 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.).

*• Your photograph will be taken at DESPP.*

### Instructions for Non-Resident State Pistol Permits: (Contact 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 the below:

- Completed State of CT and Federal fingerprint card with $50.00 fee and $16.50 fee payable to **Treasurer, State of Connecticut** for criminal history background checks;
- Firearms Safety & Use Course Certificate;
- $70.00 payable to **Treasurer, State of Connecticut;**
- 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), sign and notarize form;
- A 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.).

**Provide Out of State Pistol Permit Information:**

State of Issue: _____

Expiration Date: _____

Permit Number: _____

### Instructions for Eligibility Certificates to Purchase Pistols or Revolvers:

Complete this form and submit to DESPP, Division of State Police, pistol permit location along with the below:

- Completed State and Federal fingerprint card with $50.00 fee and $16.50 fee payable to **Treasurer, State of Connecticut** for criminal history background checks;
- Firearms Safety & Use Course Certificate;
- $35.00 payable to **Treasurer, State of Connecticut;**
- Application for a State Eligibility Certificate for a Pistol or Revolver (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.).

**Note: All fees for all categories are separate payments.**

## 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)

| Date of Birth | Sex | Height | Weight | Race: |
|---|---|---|---|---|
| Month/Day/Year | F / M | Ft. In. | Lbs. | Use NCIC personal code descriptors for guidance |

**Place of Birth**

City/Town, State

**Social Security Number (Optional)**

**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*

1. _____

2. _____

**Mailing Address** (If different from current residential address above)

Number/Street

City/Town, State, Zip Code

**Home Telephone Number**

( ) -
Area Code

**Motor Vehicle Operators License Number**

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 ANY 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:*** *Department of Emergency Services and Public Protection herein notifies the applicant that, pursuant to Connecticut General Statutes Sections 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 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 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)

**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
If "YES," which court issued the order?

**F. Military History:**

**Were you ever discharged from the Armed Forces of the United States with a less than 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:**

**Attach a copy of the letter or certificate attesting that you have completed a course in the safety and use of pistols and revolvers, signed by the pistol or revolver instructor.*
**Instructor:** (Check applicable box)

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

**State Instructor's Name and ID Number:** _____

**H. Declaration:**

**I understand that any false statement 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 state statute (C.G.S. Sec. 53a-157b). I further understand that any statements in this application that is determined to be false or inaccurate shall constitute grounds for the permit or certificate not to be issued, or if issued before the facts are known, shall be cause for revocation. 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 to carry pistols or revolvers is denied or your permit is revoked, you may notify the Board of Firearm Permit Examiners, 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 be reinstated. Additionally, in the event that your permit application has not been processed by the local issuing authority within eight (8) weeks, you should notify the Board of Firearm Permit Examiners. Contact Information for the Board of Firearm Permit Examiners, State Office Building 20 Trinity St., Hartford, CT 06106. Telephone (860) 256-2977 or (800) 996-7078.

**For Official Use Only:**

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