INSTRUCTIONS FOR FILLING OUT and SUBMITTING PISTOL PERMIT APPLICATIONS

1. Complete all information required on the latest revised application. The application must be complete and notarized. Only Town of Coventry residents may file an application.

2. Include a copy of your birth certificate, handgun safety certification and copy of your driver's license with your application. The certificate from the course has to be no less than NRA's basic pistol course. Both the NRA’s “Home Firearms Safety Course” and “First Steps Pistol Orientation Program” are NOT approved courses.

3. Bring the above items to Police Dept. along with 1 check or money order in the amount of $98.25 made payable to: Town of Coventry. This cost includes the $10.00 charge of fingerprinting. You will be fingerprinted when you return the application and above items.

4. Do not include any other checks with the application until you are notified by mail that your permit has been approved.

5. You will be notified by mail if approved or denied.

6. Please allow up to ten weeks for processing.

7. Fingerprinting is done on the following days and times only: Saturdays 9am to noon, and on Wednesday’s 9am to 11 am.

8. Cash (exact amount only) or checks accepted. Credit or debit cards are not accepted.

**For information & questions concerning obtaining a pistol permit, visit the DESPP website at http://www.ct.gov/despp/site/default.asp**
## 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>
<tbody>
<tr>
<td>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:</td>
<td><strong>CALL DESPP FOR PACKET</strong>&lt;br&gt;You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.&lt;br&gt;&lt;br&gt;Complete this form and submit to DESPP, Division of State Police, pistol permit location along with all of the following:</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td>• 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;</td>
<td>• Firearms Safety &amp; Use Course Certificate;</td>
</tr>
<tr>
<td></td>
<td>• Firearm Safety &amp; Use Course Certificate;</td>
<td>• $70.00 fee, payable to Treasurer, State of Connecticut;</td>
</tr>
<tr>
<td></td>
<td>• $70.00 fee, payable to Treasurer, State of Connecticut;</td>
<td>• Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C);</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
<td>• Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style);</td>
</tr>
<tr>
<td></td>
<td>• Proof of valid state issued photo identification card.</td>
<td>• Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction;</td>
</tr>
<tr>
<td>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</td>
<td></td>
<td>• 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</td>
</tr>
<tr>
<td>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</td>
<td></td>
<td>• Proof of valid state issued photo identification card.</td>
</tr>
<tr>
<td></td>
<td>• The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority;</td>
<td><strong>Out of State Pistol Permit Information:</strong></td>
</tr>
<tr>
<td></td>
<td>• A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C);</td>
<td>State of Issue: ____________________</td>
</tr>
<tr>
<td></td>
<td>• $70.00 fee, payable to Treasurer, State of Connecticut;</td>
<td>Expiration Date: ____________________</td>
</tr>
<tr>
<td></td>
<td>• 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</td>
<td>Permit Number: ____________________</td>
</tr>
<tr>
<td></td>
<td>• Proof of valid state issued photo identification card.</td>
<td><strong>Note:</strong> All payments must be made with separate checks.</td>
</tr>
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</table>

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.
Statement / Identifying Information:

Name of Applicant
Last
First
Suffix
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
Month/Day/Year
Sex
F M
Height
Ft. In.
Weight
Lbs.
Eye Color
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

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)
1. Any subsequent changes of address must be reported within 48 hours to the Special Licensing and Firearms Unit

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

Home Telephone Number
Area Code
Motor Vehicle Operator's License Number
State of Issue

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 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:

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

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 ______________________

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>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Day/Year</td>
<td>FBI Reply:</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>ICE Response:</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td></td>
<td>DMHAS:</td>
<td>No</td>
<td>Yes</td>
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<td></td>
<td>SPBI:</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Application Status:

☐ Approved ☐ Denied

(Signature and title of issuing authority)