

TOWN OF NORTH HAVEN

DEPARTMENT OF POLICE SERVICES

8 LINSLEY STREET, NORTH HAVEN, CONNECTICUT 06473

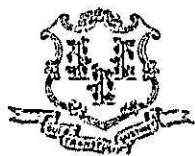


Instructions for Obtaining a CT Temporary State Pistol Permit Applicant must be 21 years of age or older

Return the completed application to the North Haven Police Department with the following:

- a. Application form (DPS 799-C) **notarized and privacy rights signed**
- b. A copy of your **birth certificate or passport**
- c. A copy of your **driver's license**
- d. A **COLOR** photo of yourself. (Ex. Passport type, not 8x10, can be **ANY** small picture)
- e. The make of all pistols you have in your possession, including caliber, barrel length & serial #
- f. A **Certificate of Competency** with pistols or revolvers after completing a course approved by the Commissioner of Public Safety, the Department of Environmental Protection or the National Rifle Association. Also, a **CERTIFICATE OF COMPLETION** needs to accompany the Certificate from your course instructor.
- g. Applicable Fees: Submit a Certified Bank Check or Money order in the amount of \$70.00 payable to the "Town of North Haven".
- h. You must be fingerprinted at the North Haven Police Department. Fingerprinting hours are available on Tuesdays between the hours of 8:30 a.m. – 10:30 a.m. and 4:00 p.m. – 6:00 p.m. Appointments are not necessary; however, **YOU MUST BRING YOUR COMPLETED APPLICATION WITH PRIVACY RIGHTS SIGNED BEFORE YOU CAN REGISTER ON LINE TO BE FINGERPRINTED.** The instructions to register and code needed will be given when you come in during fingerprinting hours. You can register in our lobby while waiting to be fingerprinted. Upon completion of registering and paying the State fee, you will receive a transaction number (24T number) which needs to be given to the person taking your prints (no need to print out). If you prefer to register ahead of time you can drop off your application to dispatch and get the information to register and return during fingerprint hours. Any questions, please call 203 239-5321 ext. 242.

You will be notified by telephone regarding the approval of your permit. After the issuance of the Temporary State Permit, you will have to apply for the regular State Pistol Permit within 60 days. If the permit is denied, the applicant will have 90 days to appeal the refusal with the Department of Public Safety Special Licensing Unit.



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



Instructions to Applicants

Pistol Permits – New	Pistol Permits – Renewal by Mail
<ol style="list-style-type: none">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 or one of our satellite offices at Troop G or Troop E (by appointment only). For NEW Out of State Pistol Permit Requests, please contact SLFU.OOS@ct.gov for a packet to be mailed to you.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.	<ol style="list-style-type: none">1. Out-of-state, and in state pistol permit renewals must 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.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 payable to "Treasurer, State of Connecticut." Do not send cash.5. 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. <u>Do not send originals.</u>

Renewals for Armed Security Officers (Blue Cards/Class 1) and Ball Enforcement Agents (Gold Cards/Class2)

1. Follow the instructions above for Pistol Permits – Renewal by mail
2. An additional check or money order for \$62.00 is required, made payable to "Treasurer, State of Connecticut."
3. 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, please contact SLFU for a packet to be mailed to you. This can be done by sending an email to SLFU.OOS@ct.gov and including what type of Eligibility Certificate you are requesting (Pistol or Long Gun), and including your name and mailing address within the body of the email.
2. Renewal applicants must submit a DPS-129-C-2, with a \$35.00 fee made payable to "Treasurer, State of Connecticut". **Do not mail cash.** Documentation of legal and lawful presence in the United States must also be included (see # 2 under "Pistol Permits New" for acceptable documents). A color passport photo must also be affixed to the DPS-129-C-2 form, and the form must be notarized.

Ammunition Certificates (New & Renewals):

1. New applicants must complete DESPP-417-C, and sign it in the presence of an official.
2. Include a 2" x 2" color passport photo, taken within the previous six (6) months.
3. Submit check or money order for \$35.00 made payable to "Treasurer, State of Connecticut," for the processing of the Ammunition Certificate. **Do not mail cash.**
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.** A color passport photo must also be affixed to the DPS-129-C-2 form, and the form must be notarized.

SEE IMPORTANT NOTICES – REVERSE SIDE

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

NOTICE

Pursuant to C.G.S. §§ 29-28, 29-32, 29-36f 29-36l, 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 in the preceding 20 years:
 - a. Criminally negligent homicide as specified under C.G.S. § 53a-58
 - b. Assault in the third degree as specified under C.G.S. § 53a-61
 - c. 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-61a
 - d. Threatening in the second degree as specified under C.G.S. § 53a-62
 - e. Reckless endangerment in the first degree as specified under C.G.S. § 53a-63
 - f. Unlawful restraint in the second degree as specified under C.G.S. § 53a-96
 - g. Riot in the first degree as specified under C.G.S. § 53a-175
 - h. Riot in the second degree as specified under C.G.S. § 53a-176
 - i. Inciting to riot as specified under C.G.S. § 53a-178
 - j. Stalking in the second degree as specified under C.G.S. § 53a-181d
3. You have a **MISDEMEANOR CONVICTION** in Connecticut for illegal possession of controlled or hallucinogenic substances, as specified under C.G.S. § 21a-279 on or after 10/1/2015
4. 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.).
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. You are the subject of a court issued risk warrant to seize firearms pursuant to C.G.S. § 29-38c(d).
11. You are an **ILLEGAL ALIEN** in the United States.
12. You are **UNDER the AGE of 21 years**.
13. You have renounced your United States citizenship.
14. You have been discharged from the Armed Forces under a dishonorable condition.
15. 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 locations may be closed during inclement weather.**

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 12:30- 3:45 pm; Thursday 11 am – 2 pm and 2:30 – 6:45 pm.—**BY APPOINTMENT ONLY**

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.—**BY APPOINTMENT ONLY**

Current schedules, hours and directions can be found at 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 sixty (60) 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.

Contact / Identifying Information:Page 2 of 4

**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 nolle, 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:

□□/□□/□□□□
Month/Day/Year

FBI Sent:

☐ No ☐ Yes

FBI Reply:

☐ No ☐ Yes

ICE Response:

☐ No ☐ Yes

DMHAS:

☐ No ☐ Yes

SPBI:

☐ No ☐ Yes

Number :

Application Status:

☐ Approved ☐ Denied

(Signature and title of issuing authority)

**NORTH HAVEN POLICE DEPARTMENT
PISTOL PERMIT APPLICANT
FORM**

LAST NAME

FIRST

MIDDLE

ADDRESS

PHONE

MARITAL STATUS

D.O.B.

PLACE OF BIRTH

SCARS/TATTOOS

DRIVERS LICENSE #

VEHICLE

OCCUPATION & EMPLOYER

EDUCATION

Requesting Entity: North Haven Police Department

FBI Privacy Act Statement

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

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

SIGNATURE	DATE
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This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: North Haven Police Department

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 employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- 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 employment, license, or other benefit based on information in the FBI criminal history record.
- 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 <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- 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 by submitting a request via <https://www.edo.cjis.gov>. 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 CFR 16.30 through 16.34.)
- 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.³

Updated 11/6/2019

If you need additional information or assistance, please contact:

Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480	Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306
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SIGNATURE	DATE
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This document must be retained by the Entity.

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(e); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

PURSUANT TO PUBLIC ACT 23-53
(effective October 1, 2023)

RIGHT TO REQUEST PERMIT TO CARRY PISTOL OR REVOLVER APPLICATION:

You have the right to request and obtain an application to apply for a permit to carry a pistol or revolver. This application is required to be furnished by your local jurisdiction no more than one (1) week after your request.

RIGHT TO BEING INFORMED OF PERMIT TO CARRY PISTOL OR REVOLVER APPLICATION

RESULT:

You also have a right to be informed in writing of the result of your application within eight (8) weeks of your application submission.

RIGHT TO APPEAL THE DENIAL OF PERMIT TO CARRY PISTOL OR REVOLVER:

You have the right to file an appeal in the event of a denial of a permit for the carrying of a pistol or revolver and your state and federal constitutional right to own, possess, and carry a firearm for the protection of your home or family. Please note the issuance of a permit is subject to state and federal prohibitors. State and Federal prohibitors may be found under C.G.S. § 29-28(b) and 18 USC § 922 (g), respectively.

RISK PROTECTION ORDER INVESTIGATION:

Any family or household member or medical professional who has a good faith belief that a person poses a risk of imminent personal injury to himself or herself or to another person may make an application for a risk protection order investigation with the clerk of the court for any geographical area.

The application and accompanying affidavit shall be made under oath and indicate:

- (A) The factual basis for the applicant's belief that such person poses a risk of imminent personal injury to himself or herself or to another person.
- (B) whether such person holds a pistol permit, or an eligibility certificate, or currently possesses one or more firearms or other deadly weapons or ammunition, if known
- (C) where any such firearm or other deadly weapon or ammunition is located, if known.