

# APPLICANT INSTRUCTIONS FOR TEMPORARY STATE OF CONNECTICUT PISTOL PERMIT

Processing of Temporary State of Connecticut Pistol Permit applications is conducted at the Greenwich Police Department, 11 Bruce Place, **by appointment only**. Log on to [www.greenwichct.gov/fingerprinting](http://www.greenwichct.gov/fingerprinting) to make an online appointment for fingerprinting. If you need assistance with your fingerprinting appointment call 203-622-8024. All applications **MUST** be checked for completeness prior to being fingerprinted. **ALL** of the below items **MUST** be turned in at the time of fingerprinting. **Fingerprinting is the FINAL step in the process.**

**\*\* PLEASE BRING ALL REQUIRED COPIES LISTED BELOW. WE WILL NOT COPY ANY MISSING DOCUMENTS.\*\***

The applicant shall submit the following documents at the time of processing:

1. Completed application form DPS-799-C (Revised 3/3/21) signed and *notarized*.
2. **COPY** of your Valid **Connecticut** Driver's License or CT State Identification card (photo ID).
  - (Make sure current Greenwich address is listed on driver's license or ID card if you have moved).
3. **COPY** of U.S. Passport and/or U.S. Birth Certificate. **Note: Applicant must be at least 21 years of age.**
4. **If applicable**, one of the following:
  - **COPY** of Naturalization papers (if the applicant is a naturalized U.S. citizen) or
  - **COPY** of Valid Immigration Visa or Alien Registration Green Card (if not a U.S. Citizen).
5. **COPY** of Firearms Safety and Use Course Certificate - No less than "NRA Basic Pistol Course" – Must include LIVE FIRE.
6. **COPY** of DD-214 (or any other military papers if applicable.)
7. Two letters of recommendation (**MUST BE UNRELATED TO APPLICANT**) (in letter format). Letters must include contact information including telephone number. Must have an **ORIGINAL** signature. (Not sent via email).
8. A recent actual passport size photo (can be obtained at CVS).
9. Pistol Permit Applicant Information Sheet.
10. Authorization to Release Information and Waiver Form.
11. FBI Privacy Act Statement & Noncriminal Justice Applicant's Privacy Rights Form.
12. **CASHIER'S CHECK OR MONEY ORDER ONLY** (no personal checks or cash) for **\$70.00** payable to the Town of Greenwich.
13. **Online Payment to State of Connecticut for fingerprinting – Pre-enrollment via CCHRS webpage:**  
<https://ct.flexcheck.us.idemia.io/cchrspreenroll> **Our service code is: 102C- B94B**  
**Fingerprinting CANNOT be done without pre-enrollment and payment**  
**(See additional information sheet inside packet)**

No application will be accepted until **ALL** the above requirements have been met. The Greenwich Police Department cannot notarize any forms.

The Greenwich Police Department has no control over the length of time it takes the Connecticut State Police or the Federal Bureau of Investigation to process the fingerprint cards.

Applicants who are denied a Temporary State Permit will be notified by mail. Applicants who are granted a Temporary State Permit will receive them by mail.

Once you have obtained your Temporary State Permit, you must apply for a State Permit from the Department of Emergency Services & Public Protection **within 60 days**. **\*\*Note\*\* - You will be required to bring with you \$70.00 exact cash, check, or money order payable to "Treasurer, State of CT" when you go to get your permit from the State.** Your temporary permit is valid to *carry* firearms only and *is not valid for the purchase* of firearms. Should your temporary permit expire before obtaining a state permit, you must **reapply** to the local authority.


The State of Connecticut has implemented a new procedure for fingerprinting that requires all applicants to pre-enroll with the Connecticut Criminal History Request System (CCHRS), receive a service code and provide payment prior to coming into Police Headquarters to be fingerprinted.

- 1) Log on to the CT CCHRS site – <https://ct.flexcheck.us.idemia.io/cchrspreenroll> (click on link) and enter our service code (102C-B94B).
- 2) Confirm that the service code is correct (click on Submit Service Code).
- 3) Confirm information is correct for Greenwich Pistol Permit (click Yes- this information looks correct).
- 4) Pre-Enrollment Form – All fields in blue MUST be completed. Fields in green are optional.


After completion of the form and payment of required State and Federal fees you will then receive an Applicant Transaction Number (ATN). Please see the below State of Connecticut Applicant Tracking Number example. **You will print out your transaction number including the barcode. You MUST bring this with you in order to be fingerprinted.**

**WE CANNOT FINGERPRINT YOU WITHOUT THE APPLICANT TRANSACTION NUMBER and BARCODE– YOU WILL BE TURNED AWAY!**

**Email receipt to: [judy.keller@greenwichct.org](mailto:judy.keller@greenwichct.org)**




STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE  
Bureau of Identification



06/15/2021  
[REDACTED]

Please present the Applicant Tracking Number below at the fingerprint location. It will identify both the reason for your fingerprint request and the agency or entity receiving the results. You must provide this number in order to be fingerprinted. Please also bring a government issued form of identification.

Applicant Tracking Number: [REDACTED]





# TOWN OF GREENWICH

Department of Police, 11 Bruce Place, Greenwich, CT 06830  
Telephone: (203) 622-8000 Fax: (203) 618-8866



**James J. Heavey**  
Chief of Police

## **To the Town of Greenwich Applicant for a Temporary State of Connecticut Permit to Carry Pistols or Revolvers**

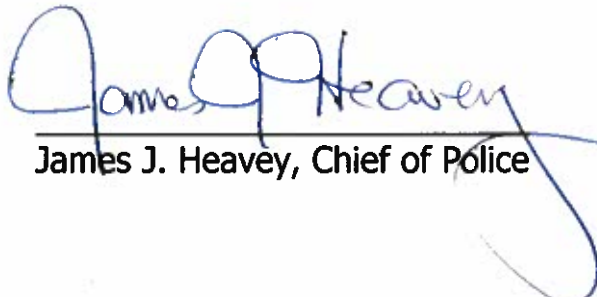
In accordance with C.G.S. Sec. 29-28 (effective 10/1/2001), local (town) permits for carrying of pistols and revolvers will no longer be issued or renewed. Instead, a Temporary State Permit will be issued by the local authority. The temporary permit is valid for sixty (60) days and allows for the carrying of firearms but is not valid for the purchase of firearms. Once you have obtained your Temporary State Permit, you must apply for a State Permit from the Department of Public Safety within sixty (60) days. Failure to do so within that timeframe will necessitate reapplying at the local level.

Your temporary permit can be revoked for a number of reasons, including a felony conviction. Also, your permit may be revoked if we have any reasonable basis for believing that you are not a suitable person to have a gun carry permit.

Mature judgment indicates that no handgun be carried unless the carrying of the gun at the time and place involved is prudent and proper in the circumstances. For example, handguns should not be carried while under the influence of alcohol or drugs.

Connecticut General Statute 29-161b deals with obtaining the proper special permits for guards and security personnel, in addition to your local and State Gun Carry Permits. If you are a guard, security guard or watchman, you must understand and abide by these provisions.

The instructions attached to this letter must be followed and *ALL of the instructions complied with prior to your appearing at the Greenwich Police Department for processing and fingerprinting.*

  
James J. Heavey, Chief of Police



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



**NEW PISTOL PERMIT APPLICANTS MUST PROVIDE THE FOLLOWING FIVE (5) ITEMS:**

1. A VALID 60-DAY TEMPORARY PERMIT (DPS-11-C)
2. PROOF OF LEGAL & LAWFUL PRESENCE IN THE UNITED STATES:
  - a. U.S. BIRTH CERTIFICATE; *OR*
  - b. U.S. PASSPORT; *OR*
  - c. DOCUMENTATION OF PERMANENT RESIDENCE FROM THE U.S. CITIZENSHIP & IMMIGRATION SERVICES; *OR* A NON-IMMIGRANT VISA WITH A HUNTING LICENSE EXCEPTION
3. CT DRIVERS LICENSE *OR* CT STATE ISSUED IDENTIFICATION CARD
4. \$70.00 *EXACT* CASH, CHECK *OR* MONEY ORDER (*PAYABLE TO "TREASURER, STATE OF CT"*); *DEBIT OR CREDIT CARDS ARE NOT ACCEPTED.*
5. WITH INK PEN, FILL IN A DPS-46-C CARD WHILE WAITING IN LINE; IF YOU HAVE QUESTIONS, ASK THE CLERK WHEN YOUR TURN AT THE WINDOW

**YOU MUST APPEAR IN PERSON AT ONE OF THE FOLLOWING LOCATIONS:**

1. CT STATE POLICE HQ 1111 COUNTRY CLUB ROAD MIDDLETOWN, CT 06457  
MONDAY - FRIDAY 8:30 AM – 4:15 PM
2. TROOP E MONTVILLE I-395 NORTH BETWEEN EXITS 6 & 9 MONTVILLE, CT 06382  
TUE., WED., FRI., & SAT. 8:00 AM - 3:45 PM CLOSED FOR LUNCH 12-12:30 PM  
THURS. 11:00 AM - 6:45 PM CLOSED FOR LUNCH 2 - 2:30 PM
3. TROOP G BRIDGEPORT 149 PROSPECT STREET BRIDGEPORT, CT 06604  
TUE., WED., FRI., & SAT. 8:00 AM - 3:45 PM CLOSED FOR LUNCH 12 - 12:30 PM  
THURS. 10:00 AM - 5:45 PM CLOSED FOR LUNCH 2 - 2:30 PM

\*\*\*\*\*ANY QUESTIONS, PLEASE CONTACT US AT THE LOCATION BELOW\*\*\*\*\*

**Firearms/Permits: (860) 685-8290    Special Licensing: (860) 685-8160    Fax: (860) 685-8496**  
**1111 Country Club Road**  
**Middletown, CT 06457**  
**[www.ct.gov/despp](http://www.ct.gov/despp)**  
***An Affirmative Action/Equal Employment Opportunity Employer***





**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE  
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.)*

*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](http://www.cga.ct.gov) or through your local library.*

**Type of Permit Requested:**

Check Box:

- 60 Day Temporary State Pistol Permit
- Non-Resident State Pistol Permit
- Eligibility Certificate to Purchase Pistols or Revolvers
- Eligibility Certificate to Purchase Long Guns

**Instructions:**

<b>Instructions for State Pistol Permits:</b>	<b>Instructions for Non-Resident State Pistol Permits:</b>	<b>Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:</b>
<p>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:</p> <ul style="list-style-type: none"> <li>▪ Firearms Safety &amp; Use Course Certificate;</li> <li>▪ \$70.00, fee, payable to the local authority; and</li> <li>▪ 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.).</li> </ul> <p>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.</p> <p>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</p> <p>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</p> <ul style="list-style-type: none"> <li>▪ The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority;</li> <li>▪ A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C);</li> <li>▪ \$70.00 fee, payable to <b>Treasurer, State of Connecticut</b>;</li> <li>▪ 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</li> <li>▪ Proof of valid state issued photo identification card.</li> </ul> <p>5. Upon approval, <i>your photograph will be taken at DESPP and you will be issued a state pistol permit.</i></p>	<p align="center"><b>**CALL DESPP FOR PACKET**</b> <b><i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i></b></p> <p>Complete this form and submit to DESPP, Division of State Police, pistol permit location along with all of the following:</p> <ul style="list-style-type: none"> <li>▪ Completed State of CT and Federal fingerprint card with \$75.00 fee and \$13.25 fee, payable to <b>Treasurer, State of Connecticut</b> for criminal history background checks;</li> <li>▪ Firearms Safety &amp; Use Course Certificate;</li> <li>▪ \$70.00 fee, payable to <b>Treasurer, State of Connecticut</b>;</li> <li>▪ Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C);</li> <li>▪ Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style);</li> <li>▪ Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction;</li> <li>▪ 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</li> <li>▪ Proof of valid state issued photo identification card.</li> </ul> <p><b>Out of State Pistol Permit Information:</b> State of Issue: _____ Expiration Date: _____ Permit Number: _____</p>	<p>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:</p> <ul style="list-style-type: none"> <li>▪ Firearms Safety &amp; Use Course Certificate;</li> <li>▪ \$35.00 fee, payable to <b>Treasurer, State of Connecticut</b>;</li> <li>▪ Application for a State Eligibility Certificate for a Pistol or Revolver or for Long Guns (DPS-164-C);</li> <li>▪ 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</li> <li>▪ Proof of valid state issued photo identification card.</li> </ul> <p>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.</p> <p>3. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate.</p>

**For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access [www.ct.gov/despp](http://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.**

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

**Contact / Identifying Information:**

**Name of Applicant**

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

**Provide all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.)**  
(Attach additional sheet(s), if necessary)

<b>Date of Birth</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month/Day/Year	<b>Sex</b> <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	<b>Height</b> <input style="width: 20px; height: 20px;" type="text"/> Ft. <input style="width: 20px; height: 20px;" type="text"/> In.	<b>Weight</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Lbs.	<b>Eye Color</b> <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel
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<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<b>Hair Color</b> <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Bald
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<b>Place of Birth</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Social Security Number (Optional, but will help prevent misidentification)</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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<b>Country of Citizenship</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Alien Reg. Number (If applicable)</b> <input style="width: 100%; height: 20px;" type="text"/>
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**Residential Address (List street address. Post office box numbers are not acceptable)**

<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>

**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)**

<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>

<b>Home Telephone Number</b> ( <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Area Code	<b>Motor Vehicle Operator's License Number</b> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> State of Issue
<b>Alternate Telephone Number</b> ( <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> 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 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 C.G.S. § 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 Firearms Permit Examiners, at 165 Capitol Ave., Suite 1070, Hartford, CT 06106. Telephone: (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)



**Pistol Permit Applicant Information Sheet**

**Please PRINT**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Alias or Maiden Name:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Residential Address if in New Your City or the 5 boroughs of NYC within the past 7 years:**

- **List below and INCLUDE: Month and year of when you lived there**
  - **Example: May 2010 – June 2016 and apartment number.**

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# TOWN OF GREENWICH

Department of Police, 11 Bruce Place, Greenwich, CT 06830  
Telephone: (203) 622-8000 Fax: (203) 618-8866



James J. Heavey  
Chief of Police  
FBINA 264

Mark A. Marino  
Deputy Chief

## AUTHORIZATION TO RELEASE INFORMATION AND WAIVER

Full Name: \_\_\_\_\_

Any Other Names By Which I Have Been / Are Known: (i.e. Maiden Name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

To Whom It May Concern:

As an applicant for a pistol permit within the Town of Greenwich I am required to furnish information for use in determining my qualifications, suitability, and responsibility of gun ownership. I hereby request and authorize the full disclosure of any and all records, files, reports, or any other information you may have concerning me in any format whatsoever, including information of a confidential nature to an authorized investigator of the Town of Greenwich Police Department. This includes, but is not limited to the release of arrest or criminal records and traffic citations.

A photocopy or an electronic facsimile of this signed authorization form is to be considered as valid as an original.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my application for a pistol permit.

I hereby release you, your organization, its representatives, agents and employees, and the Town of Greenwich, its representatives, agents and employees from any and all liability whatsoever and/or damages that may result from furnishing the above information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Requesting Entity: GREENWICH 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: GREENWICH 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.** <sup>1</sup> 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. <sup>2</sup>
- 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. <sup>3</sup>

Updated 11/6/2019

If you need additional information or assistance, please contact:

<b>Connecticut Records:</b> Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480	<b>Out-of-State Records:</b> 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.**

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

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

<sup>3</sup> 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(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



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



**Instructions to Applicants**

<b>Pistol Permits – New</b>	<b>Pistol Permits – Renewal In-Person</b>	<b>Pistol Permits – Renewal by Mail</b>
<p>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.</p> <p>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.</p> <p>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.</p> <p>4. Your photograph and signature will be taken at DESPP.</p>	<p>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.</p> <p>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.</p> <p>3. Bring a \$70.00 check or money order made payable to "Treasurer, State of Connecticut" or exact cash payment.</p> <p>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; <b>NOTE:</b> If Place of Birth states, "VERIFIED", you <u>do not</u> need to bring item # 4.</p> <p>5. Your photograph and signature will be taken at DESPP.</p>	<p>1. Out-of-state pistol permits may be renewed by mail. Effective 10/01/11, in-state renewals may also be completed by mail.</p> <p>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.</p> <p>3. Using transparent tape, attach a 2" x 2" color passport photo, taken within the previous six (6) months, in the box provided.</p> <p>4. Include a \$70.00 check or money order made payable to "Treasurer, State of Connecticut." Do not send cash.</p> <p>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.</p> <p>5. Include a self-addressed, stamped #10 envelope.</p>

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

- Follow the instructions above for Pistol Permits – Renewal In-Person.
- An additional check or money order for \$62.00 is required, made payable to "Treasurer, State of Connecticut."
- Include a self-addressed, stamped #10 envelope.
- Armed Security Officers must submit a DPS-1030-C annually as proof of completion of the handgun qualification refresher course.

**Eligibility Certificates (New & Renewals)**

- 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.
- 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.
- 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.
- 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.
- When applicable, criminal and/or mental health records must be submitted per Connecticut General Statutes Section 29-36g.
- 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.**
- Include a self-addressed, stamped #10 envelope.

**Ammunition Certificates (New & Renewals):**

- New applicants must complete DESPP-417-C, and sign it in the presence of an official when your photo is taken.
- 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.
- When applicable, criminal and/or mental health records must be submitted per Connecticut General Statutes Section 29-36g
- Renewal applicants must submit a DPS-129-C-2 with \$35.00 fee made payable to "Treasurer State of Connecticut." **Do not mail cash.**

**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: *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-61a
  - 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. § 29-38c(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 12:30- 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 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.