

**APPLICATION TO PURCHASE A FIREARM** — Pursuant to C.G.S. §§ 29-33 and 29-37a

WEAPON TYPE:  HANDGUN  LONG GUN  OTHER **SALE AUTHORIZATION NUMBER(S)** \_\_\_\_\_

Name: (Last, First, Middle)

Date of Birth: (MM/DD/YYYY)

Address: Include number, street, town, state and zip (Post Office boxes not accepted)

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security Number: (optional, but will help prevent misidentification) \_\_\_\_\_ Country of Citizenship: (required) \_\_\_\_\_ ICE Number: (if applicable) \_\_\_\_\_

Pistol Permit Number/Eligibility Certificate Number: (required) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Police Identification Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Motor Vehicle Operator's License Number: (required) \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: (MM/DD/YYYY) \_\_\_\_\_

- a. Have you been convicted of a felony?  Yes  No
- b. Have you ever been convicted of a misdemeanor crime of domestic/family violence?  Yes  No
- c. Are you the subject of an active restraining 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?  Yes  No
- d. Have you ever been confined to a hospital for persons with psychiatric disability (C.G.S. § 17a-495) within the preceding sixty (60) months by order of a Probate Court?  Yes  No
- e. Have you 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?  Yes  No
- f. Have you been discharged from custody within the preceding twenty (20) years after having been found **not guilty of a crime by reason of mental disease or defect** pursuant to Connecticut General Statutes Section 53a-13?  Yes  No
- g. Are you the subject of a court issued risk warrant to seize firearms pursuant to C.G.S. § 29-38c(d)?  Yes  No
- h. Have you ever had an application to purchase a firearm denied in any other State?  Yes  No

If so, Where \_\_\_\_\_ When? \_\_\_\_\_ Reason for denial? \_\_\_\_\_

- i. Have you ever been convicted of any of the following misdemeanors?  Yes  No  
**If yes, check all that apply.**

- Illegal possession of controlled or hallucinogenic substances (C.G.S. § 21a-279)
- Assault of an elderly, blind, disabled or pregnant person or a person with intellectual disability in the 3<sup>rd</sup> (C.G.S. § 53a-61a)
- Criminally negligent homicide (C.G.S. § 53a-58)
- Assault in the 3<sup>rd</sup> (C.G.S. § 53a-61)
- Threatening 2<sup>nd</sup> (C.G.S. § 53a-62)
- Reckless endangerment 1<sup>st</sup> (C.G.S. § 53a-63)
- Unlawful restraint 2<sup>nd</sup> (C.G.S. § 53a-96)
- Riot 1<sup>st</sup> (C.G.S. § 53a-175)
- Riot 2<sup>nd</sup> (C.G.S. § 53a-176)
- Inciting to riot (C.G.S. § 53a-178)
- Stalking 2<sup>nd</sup> (C.G.S. § 53a-181d)

Information provided on this application is subject to verification from sources including probate, civil, and criminal courts as well as governmental agencies pursuant to State and Federal Law.

**I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS DOCUMENT IS A VIOLATION OF CONNECTICUT GENERAL STATUTES SECTIONS 29-34 AND/OR 29-37e AND CONSTITUTES A FELONY.**

\_\_\_\_\_  
 SIGNATURE OF PURCHASER DATE  
**I UNDERSTAND THAT A PERSON WHO ANSWERS, "YES" TO QUESTIONS A-G IS PROHIBITED FROM PURCHASING A FIREARM. THOSE APPLICANT'S ANSWERING IN THE AFFIRMATIVE TO QUESTIONS H AND I, MAY BE PROHIBITED UPON COMPLETION OF A BACKGROUND CHECK.**

\_\_\_\_\_  
 SIGNATURE OF SALESPERSON DEALER NAME, IF APPLICABLE DATE

**THIS FORM MUST BE FILLED OUT COMPLETELY AND LEGIBLY BY THE SELLER AND PURCHASER**