For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access www.ct.gov/desspp 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.
Contact / 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 __/__/____

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

Social Security Number (Optional, but will help prevent misidentification) ________________________________ □ □ □

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 to the Special Licensing and Firearms Unit

1. ___________________________________________________________________________________________

2. ___________________________________________________________________________________________

Mailing Address (If different from current residential address above)

Number/Street ________________________________, ________________________________ City/Town

State Zip Code

Home Telephone Number ( ) □ □-□□□□

Area Code

Alternate Telephone Number ( ) □ □-□□□□

Area Code

Motor Vehicle Operator’s License Number

State of Issue

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: ________________________________
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
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.

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