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. 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:

Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:
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: ▪ Firearms Safety & Use Course Certificate; ▪ $70.00 fee, payable to the local authority; and ▪ 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.). 2. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints. 3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days. 4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following: ▪ The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority; ▪ A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C); ▪ $70.00 fee, payable to **Treasurer, State of Connecticut;** ▪ 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 ▪ Proof of valid state issued photo identification card. 5. Upon approval, y*our photograph will be taken at DESPP and you will be issued a state pistol permit.*	****EMAIL DESPP FOR PACKET**** **SLFU.OOS@CT.GOV** ***You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.***	****EMAIL DESPP FOR PACKET**** **SLFU.OOS@CT.GOV** ***You must be 21 years of age to obtain a Pistol Eligibility Certificate. You must be 18 years of age to obtain a Long Gun Eligibility Certificate.***

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.

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

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	Sex	Height	Weight	Eye Color
☐☐/☐☐/☐☐☐☐ Month/Day/Year	☐F ☐M ☐Unknown/Non-binary	☐Ft. ☐☐In.	☐☐☐Lbs.	☐ 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**

Email Address
_____

Employment History:

List Employers and Occupation for the Last 7 Years (Provide employer's name, address and telephone number)
(Attach additional sheet(s), if necessary)
1. _____ / Occupation: _____
2. _____ / Occupation: _____

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

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. Please make sure a copy of the certificate of completion for the additional training is also included.*
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 165 Capitol Ave, Suite 1070, 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:		**Application Status:**
☐☐/☐☐/☐☐☐☐ Month/Day/Year	FBI Sent: ☐No ☐Yes FBI Reply: ☐No ☐Yes ICE Response: ☐No ☐Yes DMHAS: ☐No ☐Yes SPBI: ☐No ☐Yes Number : _____	☐Approved ☐Denied _____ (Signature and title of issuing authority)