

TOWN OF PLAINVILLE POLICE DEPARTMENT

19 NEAL COURT PLAINVILLE, CONNECTICUT 06062

Phone (non-emergency): 860-747-1616 Deter

Detective Division Fax: 860-747-0728

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Rev. 01/01/2019

PROCEDURE TO OBTAIN A TEMPORARY STATE PISTOL PERMIT

- 1.) Fill out the application completely and carefully.
- 2.) You **must** personally bring to the Plainville Police Department the following:
 - **a.** The completed application form (the last page must be notarized and stamped).
 - **b.** Your driver's license (a copy will be made and your license will be returned).
 - **c.** Your birth certificate (original or certified copy: we will return the original).
 - **d.** Immigration & Naturalization document(s) if applicable (original or certified copy).
 - **e.** A copy of the certificate showing successful participation in an authorized handgun safety/training course within the past (2) years.
 - **f.** Your Passport (**optional**) (a copy will be made and your Passport will be returned)
- 3.) At the time you are fingerprinted you must submit **one payment** to the issuing agency, which is the Town of Plainville Police Department. The payment includes:

A money order (no personal checks/no cash) in the amount of <u>\$158.25</u> made out to "Town of Plainville." This payment includes the state background check, the federal background check (***fee increased 1/1/19 from \$12.00 to \$13.25***), and the fee to the local issuing authority. ***remember to sign the money order***

4.) Upon submitting your application and related documents at the police department, you will be fingerprinted. The fingerprints will be submitted electronically to the CT State Police and FBI.

You will be contacted by mail within **8-10 weeks** after the state mandated background investigation begins. If approved, the Plainville Police Department will issue you a temporary state pistol permit, which is valid for 60 days. After receiving your temporary state pistol permit, you have 60 days in which to apply to the Connecticut Department of Public Safety for a regular state pistol permit. The fee to the Connecticut Department of Public Safety is \$70.00, and any check or money order must be made out to "Treasurer-State of CT." See the attached sheet for further details regarding times and locations or go to the Connecticut Department of Public Safety website at www.ct.gov/despp.

Detective Sergeant C.J. Roper



Special Licensing and Firearms Unit



Instructions to Applicants

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

Renewals for Armed Security Officers (Blue Cards/Class 1) and Bail Enforcement Agents (Gold Cards/Class 2)

- 1. Follow the instructions above for Pistol Permits Renewal In-Person.
- 2. An additional check or money order for \$62.00 is required, made payable to "Treasurer, State of Connecticut."
- 3. Include a self-addressed, stamped #10 envelope.
- 4. 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 must complete the DPS-799-C and DPS-164-C, and sign it in the presence of an official when your photo is taken.
- 2. 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 \$12.00 and the state fee of \$75.00, both made payable to "Treasurer, State of Connecticut", for the required criminal background checks.
- 4. 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.
- 5. When applicable, criminal and/or mental health records must be submitted per Connecticut General Statutes Section 29-36g.
- 6. 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**.
- 7. Include a self-addressed, stamped #10 envelope.

Ammunition Certificates (New & Renewals):

- 1. New applicants must complete DESPP-417-C, and sign it in the presence of an official when your photo is taken.
- 2. 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.
- 3. When applicable, criminal and/or mental health records must be submitted per Connecticut General Statutes Section 29-36g
- 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.**

SEE IMPORTANT NOTICES - REVERSE SIDE

NOTICE

Pursuant to C.G.S. §§ 29-28, 29-36, 29-36f, 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.

- 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.
- 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 and Saturday 8 am – 12 pm and 12:30-3:45 pm; Thursday 11 am – 2 pm and 2:30 – 6:45 pm (Closed on Monday, Wednesday and Friday)

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 - 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.



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: Go Day Temporary State Pistol Permit Non-Resident State Pistol Permit Eligibility Certificate to Purchase Pistols or Revolvers Eligibility Certificate to Purchase Long Guns							
	mstructions.	Instructions for Eligibility					
Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	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; 	**CALL DESPP FOR PACKET** You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction. Complete this form and submit to	 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: Firearms Safety & Use Course Certificate; \$35.00 fee, payable to Treasurer, State of Connecticut; Application for a State Eligibility Certificate for a Pistol or Revolver or for Long Guns (DPS-164-C); Proof you are legally and lawfully in the United States (e.g., certificate, U.S. passport or documentation issued by 					
 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.). 	DESPP, Division of State Police, pistol permit location along with all of the following: Completed State of CT and Federal fingerprint card with \$75.00 fee and						
 Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$12.00 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks. 	\$12.00 fee, payable to Treasurer , State of Connecticut for criminal history background checks; • Firearms Safety & Use Course Certificate;						
 Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days. 	 \$70.00 fee, payable to Treasurer, State of Connecticut; Completed Application for State Permit to Carry Pistols and Revolvers 						
4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:	form (DPS-46-C); Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style);	I.C.E.); and Proof of valid state issued photo identification card.					
 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 	 Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction; 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. Out of State Pistol Permit Information: State of Issue:	 Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$12.00 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate. 					
card. 5. Upon approval, your photograph will be taken at DESPP and you will be issued a state pistol permit.	Expiration Date: Permit Number:						
DEG. 1. and you will be looded a state pistol permit.							

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.

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					
Race Hair Color					
White American Indian/Alaskan Native Asian/Pacific Islander □ Brown □ Black □ Blonde □ Red □ Black □ Unknown □ Other □ Gray □ White □ Bald					
Place of Birth Social Security Number (Optional, but will help					
City/Town State 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 Motor Vehicle Operator's License Number					
Area Code State of Issue					
Alternate Telephone Number					
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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? \square NO \square 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 TYES 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 <u>pursuant to the law of the other jurisdiction</u> . 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 TYES 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 <u>less than</u> 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	e statement, th	at the answers to the	above are true and correct.			
Data	Çi.					
Date	519	gnea				
STATE OF						
		int Name				
COUNTY OF						
Subscribed and sworn to before	e me this	_ day of	20			
		Name:				
		Notary Public				
		My Commission E Commissioner of	=xpires: Superior Court			
	NOTICE:	Appeal Process for	or Permits			
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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., 5 th 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:	FBI Sent:	□No □Yes	Application Status:			
	FBI Reply: ICE Response	NoYes :NoYes	Approved Denied			
Month/Day/Year	DMHAS:	No Yes				
	SPBI: Number <u>:</u>	□No □Yes	(Signature and title of issuing authority)			