

FIREARM PERMIT REQUIREMENTS

EFFECTIVE: January 28, 2010

Upon applying for a temporary state permit, all applicants will have three (3) separate Money Orders or Bank Checks made out as follows:

- \$19.25 for fingerprints made payable to the Department of Public Safety
- \$50.00 for background check made payable to the Department of Public Safety
- \$70.00 made payable to the Shelton Police Department
- \$70.00 made payable to the Department of Public Safety, which will be returned to the applicant when issued the temporary state permit

All applicants must be at least 21 years of age and provide the following in order to be fingerprinted:

- Application form must be completed and notarized
- Letter from Certified Gun Instructor indicating the applicant has successfully completed gun safety course. Instructor's name and identification number must also be supplied on application.
- Photocopies of applicant's birth certificate and valid driver's license.
- Proof of legal residence (Alien Only)

This temporary state permit is valid to carry firearms only – NOT valid for the purchase of firearms.

This temporary state permit is valid for 60 days – Cannot Be Renewed.

Fingerprint Hours Tuesday, Wednesday & Thursday
9:00 AM - 11:00 AM and 5:30 PM - 7:00 PM

Saturdays 9:30 AM - 11:00 AM

Connecticut Department of Public Safety
 Division of State Police
 Special Licensing & Firearms Unit
Instructions to Applicants

***The Special Licensing and Firearms Unit will be closed on 7/2/10, 11/26/10, and 12/27/10 - Furlough Days. ***

REMINDER: Troop locations will be closed on State and Federal holidays and during inclement weather. No appointments necessary.

Pistol Permits New	Pistol Permit Renewals	Pistol Permit Renewals Out of State Residents
1. Bring 60- Day Temporary State Permit to Carry Pistols or Revolvers (DPS-11-C)	1. Check information on DPS-129-C, if incorrect, draw a line through it and write the correct information.	1. Mail ins are permitted from out-of-state residents. Check information on DPS-129-C, if incorrect, draw a line through and write in correct information
2. Proof that you are legally and/or lawfully in the United States. Examples: Birth Certificate, U.S. Passport or Naturalized Citizens require Naturalization Certificate or U.S. Passport. Legal resident aliens must provide documentation issued by I.C.E. and 90-day proof of residency.	2. Submit DPS-129-C with the required \$70.00 fee, payable to DPS.	2. Sign the DPS-129-C in the presence of a notary. Attach 2X2 passport size photo and \$70.00 payable to DPS.
3. DPS-46 will be completed at DPS and a \$70.00 fee is required. Payable to DPS.	3. You must submit proof you are legally and lawfully in the United States. Examples of proof are at left # 2.	3. You must submit proof you are legally and lawfully in the United States. Examples of proof are at left # 2.
4. Photo and signature will be taken at DPS	4. Photo and signature will be taken at DPS.	4. Do not mail original supporting documentation.

Armed Security Officer's Renewals (Blue Cards/Class 1) and/or Bail Enforcement Agent (Gold Cards/Class2)

1. Follow instructions above for In-State permit renewals.
2. Additional check or money order for \$62.00 payable to DPS.
3. Reminder: Armed Security Officer **MUST** complete a **required annual** handgun qualification refresher course.

Eligibility Certificate (New & Renewals)

1. New applicants must complete the DPS-799-C and DPS-164-C, sign in the presence of an official when your photo is taken.
2. Submit a letter or certification attesting that you have completed an approved course in the safety and use of pistols/revolvers. This must be signed by one of the following: an N.R.A. certified pistol/revolver instructor, a DEP certified instructor or a state certified firearms instructor.
3. Submit a complete set of fingerprints with a federal processing fee of \$19.25 and the fee of \$50.00 both payable to DPS for criminal background checks.
4. When applicable, criminal and/or mental health records must be submitted (C.G.S. 29-36g)
5. Renewal applicants must submit a DPS-129-C and follow instruction for pistol permit renewal above including citizenship and legal resident alien requirements.
6. Submit fee of \$35.00 payable to DPS for the processing of the Eligibility Certificate.

PISTOL PERMIT SCHEDULES AND LOCATIONS

DPS Headquarter @ The Special Licensing & Firearms Unit Tel. (860) 685-8290
 1111 Country Club Road (1st floor, left side of elevators), Middletown, CT. 06457
 Mon. – Fri.: 8:30 am – 4:15 pm / Directions: I-91 N or S exit 20, Turn left at stop sign and follow signs to Department of Public Safety

Troop C – Tolland Tel. (860) 896-3271
 1320 Tolland Stage Road
 Tolland, CT 06084
 1st & 3rd Tues. of the Month, 8:30 am-12:00pm & 12:30-4:00pm

Troop G – Bridgeport Tel. (203) 696-2532
 149 Prospect Street
 Bridgeport, CT 06604 (closed Monday)
 T-W-F-S, 8-12 & 12:30-4 pm Thurs. 11-1:30 & 2-7pm

Troop E – Montville Tel.: (860) 848-6539
 I-395 N (between exits 79 & 79A)
 Montville, CT 06382
 2nd & 4th Monday of the month, 8:30 am-12:00 & 12:30-4 pm

Troop L – Litchfield Tel.: (860) 626-7914
 452 Bantam Road
 Litchfield, CT 06759
 1st & 3rd Monday of the month, 8:30-1200 & 12:30-4 pm

Troop D – Danielson
 55 Westcott Road
 Danielson, Ct 06239
 3rd Saturday of every month, 9 am – 3 pm. Please call Headquarters with questions.

NOTICE

Pursuant to Connecticut General Statutes, Sections 29-28, 29-32, 29-36f and 29-36l and Federal Public Law 104-208, s. 658: **applications covered by these instructions will not be issued or be renewed, if:**

You have a FELONY CONVICTION in any jurisdiction:

You have a MISDEMEANOR CONVICTION in Connecticut of one of the following crimes:

1. Illegal possession of controlled or hallucinogenic substances, as specified under C.G.S. 21a-279 (c)
2. Criminally negligent homicide - 53a-58
3. Assault in the third degree - 53a-61
4. Assault of a victim 60 or older in the third degree - 53a-61a
5. Threatening- 53a-62
6. Reckless endangerment in the first degree - 53a-63
7. Unlawful restraint in the second degree - 53a-96
8. Riot in the first degree - 53a-175
9. Riot in the second degree - 53a-176
10. Inciting to riot - 53a-178
11. Stalking in the second degree - 53a-181d

Or 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 53a-13.

You were CONFINED TO A HOSPITAL for any psychiatric disability (17a-495) within the preceding 12 months by order of a judge of a probate court.

You are subject to a RESTRAINING ORDER or PROTECTIVE ORDER issued by a court in a case involving the use, attempted use or threatened use of physical force.

You are now subject to a Firearms Seizure Order issued pursuant to Public Act 99-212 Sec. 18, prohibiting possession of firearms.

You are an ILLEGAL ALIEN in the United States.

You are UNDER the AGE of 21 years.

You have renounced your United States citizenship.

You have been discharged from the Armed Forces under a dishonorable condition.

You are prohibited by Federal Law Section 922 (g) or (n) of Title 18 of the United States Code.

If you have any questions regarding your status, please inquire at the Special Licensing and Firearms Unit in person or by telephoning the following number: (860) 685-8290

In order to effectuate C.G.S. 29-28, the Department of Public Safety herein notifies the applicant that the Department of Public Safety (DPS) will be notified by the Department of Mental Health and Addiction Services (DMHAS) if the applicant has been confined in a hospital for psychiatric disabilities within the preceding twelve (12) months by order of probate court. The Department of Public Safety will use this information in order to fulfill its obligations under C.G.S. Section 29-28 to 29-38 inclusive.

Visit our web site at: www.ct.gov/dps

Connecticut Department of Public Safety ("DPS")
 Division of State Police
 Special Licensing and Firearms Unit

PISTOL PERMIT APPLICATION

• 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. For those without Internet access, please contact your local library.
 • For DPS, Division of State Police, pistol permit locations, access www.ct.gov/dps and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290.

I. Type of Permit Requested:

Check Box:

- Temporary State Pistol Permit
 Non-Resident State Pistol Permit
 Eligibility Certificate to Purchase Pistols or Revolvers

II. Instructions:

Instructions for Temporary State Pistol Permits:

1. Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first selectperson, as applicable) along with the below:

- Completed State and Federal fingerprint cards with \$50.00 fee and \$19.25 fee payable to DPS for criminal history background checks;
- Firearms Safety & Use Course Certificate;
- \$70.00 payable to the local authority;
- 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. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.

3. Within the 60 day period, go to a DPS, 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 payable to DPS;
- 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.).

• Your photograph will be taken at DPS.

Instructions for Non-Resident State Pistol Permits: (Contact DPS 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 DPS, Division of State Police, pistol permit location along with the below:

- Completed State of CT and Federal fingerprint card with \$50.00 fee and \$19.25 fee payable to DPS for criminal history background checks;
- Firearms Safety & Use Course Certificate;
- \$70.00 payable to DPS;
- Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C);
- Complete DPS-129-C and attach 2x2 color photograph passport style), and the "Authorization for Release of Personal Information" sign and have both notarized;
- A 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.).

Provide Out of State Pistol Permit Information:

State of Issue: _____

Expiration Date: _____

Permit Number: _____

Instructions for Eligibility Certificates to Purchase Pistols or Revolvers:

Complete this form and submit to DPS, Division of State Police, pistol permit location along with the below:

- Completed State and Federal fingerprint card with \$50.00 fee and \$19.25 fee payable to DPS for criminal history background checks;
- Firearms Safety & Use Course Certificate;
- \$35.00 payable to DPS;
- Application for a State Eligibility Certificate for a Pistol or Revolver (DPS-164-C);
- 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.).

D. Medical History:

Have you been confined in a hospital for mental illness in the past twelve (12) 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)

Notice: DPS herein notifies the applicant that, pursuant to Connecticut General Statutes Sections 29-28 through 29-38b, DPS 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 twelve (12) months by order of probate court.

E. 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)

Have you ever 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?

F. Military History:

Were you ever a member of the Armed Forces of the United States? NO YES

Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge? NO YES.

**If you have ever been a member of the Armed Forces of the United States and have been discharged, attach a copy of your DD-214.*

G. 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, signed by the pistol or revolver instructor.*

Instructor: (Check Applicable Box)

- National Rifle Association
- Department of Environmental Protection
- Other: _____

State Instructor's Name and ID #: _____

H. Declaration:

I understand that any false statements made herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of their official function, is punishable in Connecticut pursuant to state statute (C.G.S. Sec. 53a-157b). I further understand that any statements in this application that are determined to be false or inaccurate shall constitute grounds for the permit or certificate not to be issued, or if issued before the facts are known, shall be cause for revocation. 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 to carry pistols or revolvers is denied or your permit is revoked, you may notify the Board of Firearm Permit Examiners, 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 be reinstated. Additionally, in the event that your permit application has not been processed by the local issuing authority within eight (8) weeks, you should notify the Board of Firearm Permit Examiners. Contact Information for the Board of Firearm Permit Examiners: 505 Hudson Street, 5th Floor, Hartford, CT 06106. Telephone (860) 566-7078 or (800) 996-7078.

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 # _____

Application Status:

Approved Denied

(Signature and title of issuing authority)



SHELTON POLICE DEPARTMENT



85 Wheeler Street, Shelton, Connecticut 06484
administration@sheltonpolice.net

Joel W. Hurliman
Chief of Police

Phone: (203) 924-4440
Fax: (203) 924-4255

Letter of Reference

To the Chief of Police:

I, the undersigned, state to the best of my personal knowledge and in my opinion that

Print Name of Applicant

Address of Applicant

is a resident and citizen of the United States, or a legal alien (show proof of same), and his conduct, judgment, mental condition, reputation, habits, behavior, physical condition and "suitability" as a person to be issued a pistol/revolver permit, is above reproach.

This letter of Reference is written on behalf of the named person as part of the "suitability" requirements stated in Connecticut General Statute 29-28, for application of a permit to carry pistol/revolvers within the State of Connecticut.

No other representations other than those specified herein are intended or shall be inferred.

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____

Signature: _____

Date: _____

Subscribed and sworn before me,
a Notary Public, in and for the
County of _____
State of Connecticut, this ____
day of _____, 2____

Notary Public _____

My Commission Expires _____



SHELTON POLICE DEPARTMENT



85 Wheeler Street, Shelton, Connecticut 06484
administration@sheltonpolice.net

Joel W. Hurliman
Chief of Police

Phone: (203) 924-4440
Fax: (203) 924-4255

Letter of Reference

To the Chief of Police:

I, the undersigned, state to the best of my personal knowledge and in my opinion that

Print Name of Applicant

Address of Applicant

is a resident and citizen of the United States, or a legal alien (show proof of same), and his conduct, judgment, mental condition, reputation, habits, behavior, physical condition and "suitability" as a person to be issued a pistol/revolver permit, is above reproach.

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No other representations other than those specified herein are intended or shall be inferred.

Name: _____

Address: _____

City: _____

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Phone: _____

Signature: _____

Date: _____

Subscribed and sworn before me,
a Notary Public, in and for the
County of _____
State of Connecticut, this ____
day of _____, 2____

Notary Public _____

My Commission Expires _____



SHELTON POLICE DEPARTMENT



85 Wheeler Street, Shelton, Connecticut 06484
administration@sheltonpolice.net

Joel W. Hurliman
Chief of Police

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Address of Applicant

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Signature: _____

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a Notary Public, in and for the
County of _____
State of Connecticut, this ____
day of _____, 2____

Notary Public _____

My Commission Expires _____



SHELTON POLICE DEPARTMENT



85 Wheeler Street, Shelton, Connecticut 06484
administration@sheltonpolice.net

Joel W. Hurliman
Chief of Police

Phone: (203) 924-1544
Fax: (203) 924-0702

AUTHORIZATION FOR DISCLOSURE OF MEDICAL RECORD INFORMATION

Patients Name: _____
Last First Middle Initial

Patients Date of Birth: _____
Month Day Year

Patients Address: _____
Street City State Zip Code

Patients Telephone Number: _____

Name of Hospital: _____

Name of Physician (if known): _____

Date of Hospital Confinement: _____

Name of Person or Parties Authorized: _____ Shelton Police Department

The undersigned hereby authorize and consent to the disclosure by the above hospital and or health care service to the above party or persons, or their representative agents and representatives, Or to the bearer of this instrument of any and all information, records, documents, reports, clinical abstracts histories, and charts of every kind and description relating to my condition, care confinement and treatment, and consent to the inspection and copying of same by said party, persons or bearer to the furnishing to them of Photostat or other copies of same.

No limitations placed on date, history of illness, or diagnostic and therapeutic information, including any treatment for alcohol, and drug, or psychiatric condition. (Signer to initial for authentication of this response).

In furtherance of this authorization, I do hereby waive all provisions of law and privileges relating to the disclosure hereby authorized.

Dated: _____ 20____ Name: _____

Address: _____

Subscribed and sworn before me, a Notary Public,
in and for County _____
and State of Connecticut, this _____
day of _____ 20_____



SHELTON POLICE DEPARTMENT



85 Wheeler Street, Shelton, Connecticut 06484
administration@sheltonpolice.net

Joel W. Hurliman
Chief of Police

Phone: (203) 924-1544
Fax: (203) 924-0702

AUTHORIZATION FOR DISCLOSURE OF MEDICAL RECORD INFORMATION

Patients Name: _____
Last First Middle Initial

Patients Date of Birth: _____
Month Day Year

Patients Address: _____
Street City State Zip Code

Patients Telephone Number: _____

Name of Hospital: _____

Name of Physician (if known): _____

Date of Hospital Confinement: _____

Name of Person or Parties Authorized: _____ Shelton Police Department

The undersigned hereby authorize and consent to the disclosure by the above hospital and or health care service to the above party or persons, or their representative agents and representatives, Or to the bearer of this instrument of any and all information, records, documents, reports, clinical abstracts histories, and charts of every kind and description relating to my condition, care confinement and treatment, and consent to the inspection and copying of same by said party, persons or bearer to the furnishing to them of Photostat or other copies of same.

No limitations placed on date, history of illness, or diagnostic and therapeutic information, including any treatment for alcohol, and drug, or psychiatric condition. (Signer to initial for authentication of this response).

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Dated: _____ 20____ Name: _____

Address: _____

Subscribed and sworn before me, a Notary Public,
in and for County _____
and State of Connecticut, this _____
day of _____ 20_____



SHELTON POLICE DEPARTMENT



85 Wheeler Street, Shelton, Connecticut 06484
administration@sheltonpolice.net

Joel W. Hurliman
Chief of Police

Phone: (203) 924-1544
Fax: (203) 924-0702

AUTHORIZATION FOR DISCLOSURE OF MEDICAL RECORD INFORMATION

Patients Name: _____
Last First Middle Initial

Patients Date of Birth: _____
Month Day Year

Patients Address: _____
Street City State Zip Code

Patients Telephone Number: _____

Name of Hospital: _____

Name of Physician (if known): _____

Date of Hospital Confinement: _____

Name of Person or Parties Authorized: _____ Shelton Police Department

The undersigned hereby authorize and consent to the disclosure by the above hospital and or health care service to the above party or persons, or their representative agents and representatives, Or to the bearer of this instrument of any and all information, records, documents, reports, clinical abstracts histories, and charts of every kind and description relating to my condition, care confinement and treatment, and consent to the inspection and copying of same by said party, persons or bearer to the furnishing to them of Photostat or other copies of same.

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Dated: _____ 20____ Name: _____

Address: _____

Subscribed and sworn before me, a Notary Public,
in and for County _____
and State of Connecticut, this _____
day of _____ 20_____