

REVISED 11/28/2016
INSTRUCTIONS FOR LICENSE TO CARRY A CONCEALABLE WEAPON

NO APPLICATIONS WILL BE CONSIDERED UNLESS THE FOLLOWING HAVE BEEN ACCOMPLISHED:

1. This official application form must be filled out completely by the applicant.
Please **PRINT OR TYPE** application or IT WILL BE RETURNED.
2. The application must be NOTARIZED and MUST BE SIGNED OR STAMPED by the local Police Chief or a city hall official in the city or town of the applicant's residence.
3. Enclose two (2) **1" X 1"** pictures of the applicant taken without headgear or glasses. This photo must be a clear, **colored** picture of the head and face. Please PRINT applicant's name on the back of each picture. NO laminated photos will be accepted.
4. **Three (3) references AND reference letters are required for NEW applications and are to be submitted along with the application. All three references are to TYPE (not handwritten) a letter for the applicant pertaining to the gun permit that is SIGNED, DATED AND MUST BE NOTARIZED. Reference letters must be written by the reference, not the applicant, and cannot be identical.**
5. Three references **ONLY** are required for **RENEWAL** applications. **NO** reference letters are needed.
6. Proof of qualification before a certified weapons instructor; i.e., N.R.A. Instructor or Police range instructor must be supplied **along with a copy of the instructor's NRA/FBI firearms instructor's certification**. Qualifications will only be accepted up to one-year-old and you **cannot** qualify yourself.
7. Two types of positive identification must be submitted, photocopied, signed and dated by a Notary Public, attesting to be true copies.
8. All **NON-RESIDENT APPLICANTS** must include a copy of their home state permit
9. All **new** pistol permits issued from this office must have a full set of applicant's fingerprints submitted on a **FBI FINGERPRINT APPLICANT CARD** [FD-258 (Rev. 12-29-82)] included with the application. Fingerprint card must be signed by applicant. This is not necessary for a renewal application
10. If the permit is to be used for employment, a **TYPED AND SIGNED** letter of explanation must be submitted on your employer's letterhead and included with the application. Also, please include a copy of the business license as proof that the business exists.
11. If the permit is **NOT** for employment, a typed letter must be submitted by the applicant stating the reasons why a permit is needed on a full time basis. All letters must be dated. We will not accept a photocopy of any letter.
12. **Retired Police Officers** applying under 11-47-18 must submit a letter of verification from the Chief of Police of the department which they retired from stating that they have completed 20 years of good standing.
13. A Forty dollar (\$40.00) **CHECK OR MONEY ORDER** must be presented when picking up permit. **DO NOT SEND A CHECK OR MONEY ORDER WITH YOUR APPLICATION.**
14. Applicant will be notified by mail of approval or denial of permit. If approved, applicant must appear in person to pick up permit. **This application, fingerprint card, and photo's become part of the records of the Attorney General and will not be returned.**

15. All **permits will expire FOUR (4) YEARS from the date of issue**. Also, the renewal of your permit is your obligation. No notification of expiration of the permit will be sent to you. Allow a maximum of **90 DAYS** for processing of your application due to the fact that this department is dependent on other agencies for information necessary to complete the application.

PLEASE NOTE:

The recipient of this permit agrees that he/she shall not duplicate or allow to be duplicated the permit or any part of it, including, but not limited to, the State Seal or a facsimile thereof contained therein in any matter.

The recipient expressly agrees that any violation of this provision is grounds to revoke his or her permit.



APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

DATE _____

PERMIT NUMBER _____

NAME _____
First Middle Last

ADDRESS _____
Street Name and Number (No P.O. Boxes accepted) City or Town State & Zip

TELEPHONE NUMBER _____
Home Business Other

SOCIAL SECURITY NUMBER _____ OCCUPATION _____

EMPLOYED BY: _____

Employer's Address Street Name and Number City or Town State & Zip

DETAIL JOB DESCRIPTION _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ COLOR OF EYES _____ COLOR OF HAIR _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ HOW LONG? _____

(If you are not a citizen of the United States, a copy of both sides of your alien registration card must be included with this application.)

LIST ALL ADDRESSES FOR THE LAST THREE YEARS, INCLUDING DATES AND LOCATIONS



HAVE YOU EVER BEEN ARRESTED?_____ IF SO, GIVE DETAILS_____

HAVE YOU EVER BEEN UNDER GUARDIANSHIP OR CONFINED OR TREATED FOR MENTAL ILLNESS?_____ IF SO, GIVE DETAILS_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?_____ IF SO, GIVE DETAILS_____

HAVE YOU EVER PLED NOLO CONTENDRE TO ANY CHARGE OR VIOLATION?_____ IF SO, GIVE DETAILS_____

ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR?_____ IF SO, GIVE DETAILS AND DATES_____

HAVE YOU APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM THE ATTORNEY GENERAL OR A LOCAL CITY OR TOWN IN RHODE ISLAND? _____

IF SO, GIVE CITY OR TOWN_____ IF SO, IS IT CURRENTLY? ACTIVE?_____ EXPIRED?_____ DENIED?_____ REVOKED?_____

(If you hold an expired permit, enclose photocopy, notary-signed and dated, attesting copies are true)

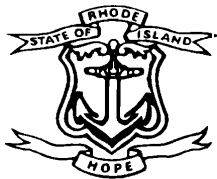
HAVE YOU EVER APPLIED FOR A PISTOL PERMIT TO CARRY A HANDGUN IN ANOTHER STATE: YES_____ NO_____ IF YES, STATE AND CITY_____

WERE YOU DENIED?_____ IS SO, GIVE DETAILS_____

SEND PHOTOCOPY OF OUT-OF -STATE PERMIT OR LICENSE

HAVE YOU EVER HAD A LEGAL NAME CHANGE?_____ IF YES, PLEASE STATE FORMER NAME_____

PLEASE LIST NICKNAMES OR ALIAS USED BY YOU_____



TO THE CHIEF OF POLICE OR CITY HALL OFFICIAL _____
City or Town and State

THIS IS TO INFORM YOU THAT _____
Applicant's Name (Printed or Typed)

IS APPLYING FOR A PISTOL PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER IN THE STATE OF RHODE ISLAND. WE WOULD LIKE FOR YOU TO VERIFY THAT THIS SUBJECT LIVES IN YOUR CITY OR TOWN OR STATE, IN YOUR JURISDICTION ONLY. **(POLICE CHIEF MAY SEND IN LETTER IF HE/OR SHE WISHES REGARDING THE APPLICANT)**

Police Chief or City Hall's Official Signature Date

ON A SEPARATE SHEET OF PAPER OR LETTERHEAD, **TYPE** DETAILS AND SPECIFIC REASONS FOR YOUR NEED FOR A RHODE ISLAND PERMIT (ONLY **TYPED** LETTERS WILL BE ACCEPTED)

TWO (2) TYPES OF POSITIVE IDENTIFICATION MUST BE SUBMITTED. EXAMPLES:

- (1)Birth Certificate (2)Rhode Island or State Driver's License (3)Rhode Island Identification Card

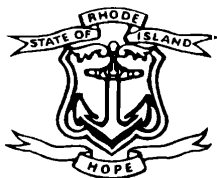
A PHOTOCOPY OF ANY TWO OF THE ABOVE SIGNED AND DATED BY A NOTARY PUBLIC, ATTESTING AS BEING TRUE COPIES WILL BE ACCEPTED. PASSPORT AND OTHER POSITIVE IDENTIFICATION WILL ALSO BE ACCEPTED.

THREE (3) REFERENCES ARE REQUIRED:

Name Address/City/State/Zip Area Code/Tele No# Years Known

Name Address/City/State/Zip Area Code/Tele No# Years Known

Name Address/City/State/Zip Area Code/Tele No# Years Known



**NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY
ALL OTHERS MUST QUALIFY IN ACCORDANCE TO 11-47-15**

APPLICANT MUST QUALIFY AND INSTRUCTOR MUST COMPLETE SECTION BELOW WITHIN
ONE (1) YEAR **PRIOR** TO SUBMITTING APPLICATION.

WEAPON QUALIFICATION SCORE: CAL.OF WEAPON_____

AMY-L_____ SCORE_____ R.I. COMBAT_____ SCORE_____

SIGNATURE OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER

DATE

PRINTED NAME & TELEPHONE NO# OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER

N.R.A. NUMBER OR POLICE DEPARTMENT NAME

AFFIDAVIT

I CERTIFY THAT I HAVE READ AND I AM FAMILIAR WITH THE PROVISIONS OF **11-47-1 TO 11-47-62**, INCLUSIVE, OF THE GENERAL LAWS OF RHODE ISLAND, 1956, AS AMENDED, AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATIONS OF THE PROVISIONS OF THE CITED SECTIONS. I FURTHER UNDERSTAND THAT ANY ALTERATION OF THIS PERMIT IS JUST CAUSE FOR REVOCATION.

Applicant's Signature

BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME IN _____, RHODE ISLAND

THIS _____ DAY OF _____, 20_____.

Notary Public Signature

Notary Public (Name Printed)

MY COMMISSION EXPIRES ON _____
Month Year State