

REVISED 02/20/2020
INSTRUCTIONS FOR LICENSE TO CARRY A CONCEALABLE WEAPON

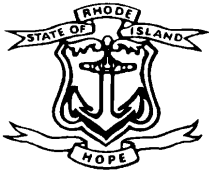
NO APPLICATIONS WILL BE CONSIDERED UNLESS THE FOLLOWING HAVE BEEN ACCOMPLISHED:

1. This official application form must be filled out completely by the applicant. Including the AFFIDAVIT, and the AUTHORIZATION FOR REALEASE OF INFORMATION that must signed and NOTARIZED. Please **PRINT OR TYPE** application or IT WILL BE RETURNED.
2. The application must be **MUST BE SIGNED AND STAMPED** by the local Police Chief or a city hall official in the city or town of the applicant's permanent residence.
3. Enclose two (2) 2" X 2" 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. **NEW** applications require both three (3) references **AND** reference letters and are to be submitted along with the application. All three references are to be TYPED (not handwritten) a letter for the applicant pertaining to the gun permit and must be SIGNED, DATED AND NOTARIZED. Reference letters must be written by the reference, not the applicant, and cannot be identical.
RENEWAL applicants require three (3) references. NO reference LETTERS are need.
5. 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 CERTIFICATION**. Qualifications will only be accepted up to one-year-old and you **cannot** qualify yourself.
6. Submit a photocopy of TWO types of positive identification. That is signed, dated, and stamped by a Notary Public, attesting to be true copies. i.e. License, State I.D., Passport, Resident Card, Birth Certificate, Permit issued from your home or other State.
7. All NON-RESIDENT APPLICANTS must include a copy of their home state permit.
8. 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 UNLESS your permit has been expired for over 5 years.
9. 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.
10. If the permit is NOT for employment, a typed letter must be submitted by the applicant stating the reasons why a carry concealed weapons permit is NEEDED on a FULL TIME BASIS. All letters must be dated. We will not accept a photocopy of any letter. Please include ANY DOCUMENTATION THAT WILL SUPPORT THE NEEDS MENTIONED IN YOUR LETTER.

11. 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.
12. A Forty dollar (\$40.00) payable via check, money order, credit, or debit must be presented when picking up permit. **DO NOT SEND** a check or money order **WITH YOUR APPLICATION**.
13. 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.
14. If at any time you would like **TO CHECK ON THE STATUS** of your application please come in person with a valid form of Photo Identification.
15. All **permits will expire FOUR (4) YEARS from the date of issue**. The renewal of your permit is your obligation. No notification of expiration of the permit will be sent to you. Please 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

PERMANENT ADDRESS _____
Number & Street Name (No P.O. Boxes accepted)

City or Town State Zip

TELEPHONE NUMBER _____
Home Business Other

E-MAIL (optional) _____

If we need to contact you, which is your preferred method of contact? Mail / Phone / E-Mail

SOCIAL SECURITY NUMBER _____ OCCUPATION _____

EMPLOYER _____

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

DETAIL JOB DESCRIPTION _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Height _____ Weight _____ Eye color _____ Hair color _____

LIST ALL ADDRESSES FOR THE LAST THREE YEARS, including dates and locations:



Have you ever been arrested or charged for any offense? Yes No — IF SO, GIVE DEATAILS:

Have you ever been cited or summoned for any violation? Yes No — IF SO, GIVE DETAILS:

Have you ever been under guardianship or confined or treated for mental illness? Yes No — IF SO, GIVE DETAILS:_____

Have you ever been convicted of a crime? Yes No — IF SO, GIVE DETAILS:_____

Have you ever PLED NOLO CONTENDRE to any charge or violation? Yes No — IF SO,GIVE DETAILS:

Are you under indictment in any court for a crime punishable by imprisonment exceeding one year?

Yes No — 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? Yes No — IF SO, GIVE CITY OR TOWN_____

ACTIVE? _____ EXPIRED? _____ DENIED?_____ REVOKED?_____

(If so, 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_____

(Enclose photocopy, notary-signed and dated, attesting copies are true)

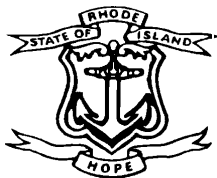
HAVE YOU EVER HAD A LEGAL NAME CHANGE? Yes No — IF YES, PLEASE STATE

FORMER NAME_____

PLEASE LIST NICKNAMES OR ALIAS USED BY YOU_____

ARE YOU A CITIZEN OF THE UNITED STATES? Yes No 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.)



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
** An official stamp or seal is requested **

Date

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

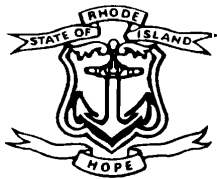
BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME IN _____
CITY STATE

THIS _____ DAY OF _____, 20_____.

Notary Public Signature

Notary Stamp Required



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

**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

COPY OF N.R.A. CERTIFICATE OR CERTIFICATION CARD WITH VISIBLE EXPIRATION DATE
MUST BE INCLUDED

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

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby give the Office of Attorney General the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person concerning my background. I also authorize a review and full disclosure of all records and any other information concerning myself whether such records and other information are public, private, privileged or confidential. This includes records maintained by past and present employers, law enforcement, public utility companies, state and federal agencies including but not limited to the Division of Taxation, the Internal Revenue Services, and any Health Care facility which dispenses care and treatment for social, mental or emotional difficulties.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this *Authorization for Release of Information*. I consider a copy of the *Authorization for Release of Information* to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Office of Attorney General and anyone who gives written or oral information about me to the Office of Attorney General from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends my heirs, associations, assigns and representatives.

Signature

Date

Sworn to before me in the city of _____ State of _____
this _____ day of _____, 20__.

Notary Public

Commission Expires

Notary Stamp required