

TOWN OF KILLINGLY

172 Main Street
Killingly, CT 06239
Tel: 860-779-5300, ext. 7 Fax: 860 779-5382

Pistol Permit Application Instructions

Applicants must be 21 years of age or older.

Please bring the following to the Town Manager's Office to process your application:

- 1. Pistol Permit Application (DPS-799C) fully completed and notarized.
- 2. A COPY of your VALID CT Driver's License/Identification Card with your current Killingly address. Proof of residency (i.e., a copy of your lease/mortgage, town tax bill, auto insurance bill, or utility bill) is also required if your current address DOES NOT match your application. Your license MUST have the change of address noted on the back of your license.
- 3. Original Pistol Safety Course Certificate plus 1 copy.
- 4. **COPY** of Discharge Papers (DD-214) **MUST** be provided if applicant was in the military.
- 5. Signed FBI Privacy Notice.

Once the Town Manager's Office has received all necessary documentation, you will receive instructions on how to pre-enroll with the Town of Killingly and then complete your fingerprinting. Once your fingerprinting is completed, your application and fingerprints will be forwarded to the Dept. of Emergency Services and Public Protection.

The application process takes no less than 8 weeks.



TO THE 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:	evolvers			
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:		
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:	**CALL DESPP FOR PACKET** You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States	**CALL DESPP FOR PACKET** You must be 21 years of age to obtain a Pistol Eligibility Certificate. You must be 18 years of age to		
 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.). 	jurisdiction.	obtain a Long Gun Eligibility Certificate.		
Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints.				
Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.				
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. Upon approval, your photograph will be taken at 				
DESPP and you will be issued 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			
l set		Suffix	
Suffix 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 Unknown/No	on-binary	☐ Brown ☐ Blue ☐ Black ☐ Green ☐ Gray ☐ Hazel	
Race Mhite American Indian/Alaskan Native	Asian/Pacific Islander	Hair Color ☐ Brown ☐ Black ☐ Blonde ☐ Red	
Black Unknown/Other		☐ Gray ☐ White ☐ Bald	
Place of Birth		Social Security Number (Optional, but will help prevent misidentification)	
City/Town	State		
Country of Citizenship		g. Number (If applicable)	
Residential Address (List street address.	Post office box numbers are not acc	eptable)	
Number/Street			
City/Town	Sta		
List Residential Addresses for the Last 7 Year			
*Any subsequent changes of address must			
1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
2.			
Mailing Address (If different from current r	esidential address above)		
Number/Street			
City/Town State Zip Code Home Telephone Number Motor Vehicle Operator's License Number			
Area Code Alternate Telephone Number Ema	il Address	State of Issue	
Area Code —			
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. Downit on Elizabilità. Contidinata Ulata di			
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:			
Date of denial, suspension or revocation: The reason for the denial, suspension, or revocation:			
o. The reason for the defilat, 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 TYES," 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 [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 <u>less than</u> Honorable Discharge? ☐NO ☐YES

		Proof of Training	
*Attach a copy of the letter or cert revolvers or long guns (as appropria of the course. Instructor: (Check applicable box) National Rifle Association Department of Energy and Env Other: State Instructor's Name and ID Na	te, depending upor	n which permit or d	pleted a course in the safety and use of pistols and sertificate you are requesting), signed by the instructor
State manuctor a name and is in			
servant in the performance of his or that any statement in this application such application. If approved before	her official function that is determine that facts are knowns to the accuracy	n, is punishable b d to be false or in wn, such approva y, completeness a	e true and which is intended to mislead a public y law (See CGS § 53a-157b). I further understand accurate shall constitute grounds for the denial of shall be void if based on a false or inaccurate and to the truth of all information supplied on this above are true and correct.
Date	Signe	d	
STATE OF			
COUNTY OF	Print I	Name	
Subscribed and sworn to before	e me this da	y of	20
		Name: Notary Public My Commission Commissioner o	Expires: f Superior Court
Board of Firearm Permit Examine OR (860) 256-2947, in writing, wi	for pistol permiters, at 20 Trinity thin ninety (90) of that your appli	St., 5 th Floor, Ha lays, in order to	ficate is denied or revoked, you may notify the rtford, CT 06106. Telephone: (860)256-2977 begin your appeal process. At a hearing sidered or that your permit or eligibility
	SPBI: [Number:	NoYes	(Signature and title of issuing authority)

Town of Killingly Requesting Entity:
FBI Privacy Act Statement
Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplementa authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
As of 03/30/2018
Note: This privacy act statement is located on the back of the FD-258 fingerprint card.

DATE

This document must be retained by the Entity.

SIGNATURE

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity:	TOWIT OF TAILINGLY	
n applicant who is the subject	of a national fingernaint based criminal history record check for a noncriminal in	ati.

Town of Killingly

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. ¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. ²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

Updated 11/6/2019

If you need additional information or assistance, please contact:

Connecticut Records:
Department of Emergency Services and Public Protection State
Police Bureau of Identification (SPBI)
1111 Country Club Road
Middletown, CT 06457
860-685-8480

Out-of-State Records:
Agency of Record
OR
FBI CJIS Division-Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

SIGNATURE	DATE

This document must be retained by the Entity.

² See https://www.fbl.gov/services/cjis/compact-council/privacy-act-statement

¹ Written notification includes electronic notification, but excludes oral notification.

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).