STATE OF CONNECTICUT
Department of Emergency Services and Public Protection
Division of STATE POLICE

Ellington Resident State Troopers' Office

33 Arbor Way ~ PO Box 187
Ellington, Connecticut 06029
Telephone: (860) 875-1522
Fax: (860) 870-3152

SPECIAL LICENSING AND FIREARMS UNIT

Instructions for 60 Day Temporary State Pistol Permit

1. You must attend a Basic Pistol/Handgun Safety & Use Course.

2. Contact Ellington Resident State Troopers' Office at 860-875-1522 to make an appointment for fingerprinting. Appointments are available Monday thru Thursday from 8:00 A.M. until 2:00 P.M.

3. Complete application and have signature notarized. (Notary Service available at Town Hall)

4. Present the original Firearms Safety & Use Course Certificate with your application along with identification (CT Driver's License) to the Ellington Resident State Troopers' Office, 33 Arbor Way [off of Main Street], Ellington, CT.

   You will need to bring FOUR checks:

   Check #1: $70.00 payable to the Town of Ellington (Town Temporary Permit Fee)

   Check #2: $50.00 payable to Treasurer, State of Connecticut (State Fingerprinting Fee)

   Check #3: $16.50 payable to Treasurer, State of Connecticut (Federal Fingerprinting Fee)

   Check #4: $15.00 payable to Treasurer, State of Connecticut (State Processing Fee)

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Special Licensing and Firearms Unit

PISTOL PERMIT/ELIGIBILITY CERTIFICATE 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 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. Eligibility Certificates must be submitted in person at DESPP Headquarters located at 1111 Country Club Road, Middletown, Connecticut.*

Type of Permit Requested:

Check Box:
- ☐ 60 Day Temporary State Pistol Permit
- ☐ Non-Resident State Pistol Permit
- ☐ Eligibility Certificate to Purchase Pistols or Revolvers
- ☐ Eligibility Certificate to Purchase Long Guns

SEE APPENDIX A (DESPP-788-C) FOR MAGAZINE DECLARATION. ADDITIONAL COPIES CAN BE OBTAINED at www.ct.gov/despp

Instructions:

Instructions for 60 Day 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 a $16.50 fee payable to **Treasurer, State of Connecticut** for criminal history background checks;
   - Firearms Safety & Use Course Certificate; and
   - $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 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 payable to **Treasurer, State of Connecticut;** 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.).

• *Your photograph will be taken at DESPP.*

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

- Completed State of CT and Federal fingerprint card with $50.00 fee and $16.50 fee payable to **Treasurer, State of Connecticut** for criminal history background checks;
- Firearms Safety & Use Course Certificate;
- $70.00 payable to **Treasurer, State of Connecticut;**
- 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), sign and notarize form;
- A copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction; 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.).

Provide Out of State Pistol Permit Information:

State of Issue: _____

Expiration Date: _____

Permit Number: _____

Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:

Complete this form and submit at DESPP Headquarters, Division of State Police, along with the below:

- Completed State and Federal fingerprint card with $50.00 fee and $16.50 fee payable to **Treasurer, State of Connecticut** for criminal history background checks;
- Firearms Safety & Use Course Certificate;
- $35.00 payable to **Treasurer, State of Connecticut;**
- Application for a State Eligibility Certificate for a Pistol or Revolver or Long Guns (DPS-164-C); 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.).

Note: All fees for all categories are separate payments.

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Contact Information/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 Month/Day/Year

Sex F M

Height Ft. In.

Weight Lbs.

Race: _____

Use NCIC personal code descriptors for guidance

Place of Birth City/Town, State

Social Security Number (Optional)

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
( ) -
Area Code

Motor Vehicle Operators License Number

State of Issue

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? ☐ NO ☐ 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 ☐ 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)

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: *Department of Emergency Services and Public Protection herein notifies the applicant that, pursuant to Connecticut General Statutes Sections 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 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?

Military History:

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*

STATE OF CONNECTICUT
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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 Statement, that the answers to the above are true and correct.

Date: _____ Signed _____

STATE OF _____

Print Name _____

COUNTY OF _____

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 for pistol permit or eligibility certificate is denied or 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 or eligibility certificate be reinstated. Contact Information for the Board of Firearm Permit Examiners, State Office Building, 20 Trinity St., Hartford, CT 06106. Telephone (860) 256-2977 or (800) 996-7078.

For Official Use Only:

Application Received:		**Application Status:**
☐☐/☐☐/☐☐☐☐ Month/Day/Year	FBI Sent: ☐ No ☐ Yes FBI Reply: ☐ No ☐ Yes ICE Response: ☐ No ☐ Yes DMHAS: ☐ No ☐ Yes SPBI: ☐ No ☐ Yes Number : _____	☐ Approved ☐ Denied _____ (Signature and title of issuing authority)