

### TOWN OF VERNON

#### DEPARTMENT OF POLICE

725 HARTFORD TURNPIKE VERNON, CONNECTICUT 06066

Fax: (860) 872-7249



Phone (860) 872-9126

John Kelley Chief of Police

### Vernon Police Department Pistol Permit Applicants Connecticut Criminal History Request System (CCHRS)

To pre-enroll for your fingerprints to be taken please follow the instructions below

- 1. To register for your prints to be taken, please visit ct.flexcheck.us.idemia.io/cchrspreenroll
- 2. Enter the service code 23F6-1812
- 3. After entering the service code, confirm the Fingerprint Reason by selecting "yes this information looks correct" option.
- 4. Complete the Pre-Enrollment Information. You are only required to fill in the fields that are in a bold font/blue highlight. These are mandatory to move forward in the process. After filling out all the fields, move to the next section by selecting the "Submit Pre-Enrollment" button at the bottom of the screen
- 5. The next section will have Pre- Enrollment in large letters and tell you the total charge for submitting your pre-enrollment \$88.25. Click the continue button.
- 6. The next section will have the letters NIC in the top left corner. This will detail the transaction cost: \$75.00 for State Criminal History Check, \$13.25 for FBI Criminal History Check and a service fee of\$2.65. The total amount that will be charged to your credit card will be \$90.90. This section also includes the PAYMENT portion. You will be required to use a credit card - fill in the Customer Information fields and then select the green Next button.
- 7. The next section will say "SUCCESS you Pre-Enrollment has been submitted". You will receive an email from the CCHRS system that will provide you with your Applicant Tracking Number. You will also see a box with your Name and Date of birth. Your tracking number will appear at the top of the box. PRINT THIS SHEET AND BRING IT WITH YOU TO YOUR APPOINTMENT.
- 8. To exit click on I am done, end this session



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# APPLICATION FOR A TEMPORARY STATE PISTOL PERMIT

#### CHECKLIST:

П	Application form (DPS-799-C) completed and notarized * Signed copy of FBI Privacy Act Statement form
	Signed copy of Noncriminal Justice Applicant's Privacy Rights form
	Copy of U.S. birth certificate or U.S. Passport or Naturalization Papers or
	Alian Progistration Card as applicable (proof of legal residency)
П	Copy of verifiable photo identification (i.e. Driver's License or State ID Card)
	Conv. of Pistol/Revolver safety course completion
	Copy of Form DD-214 if you served as a member of the U.S. armed forces
	\$70.00 Bank Check or Money Order, payable to the Town of Vernon
	(
	\$20.00 cash or Bank Check/Money Order payable to the Vernon Police
	<b>Department</b> (fingerprinting fee)  Printed copy of your pre-enrollment Applicant Tracking Number (ATN)

\*Your application must be signed in the presence of the Notary; the Notary must indicate the expiration date of his/her Commission.

Fees and requirements are periodically subject to change...for the most up-todate information, please check our website at <a href="http://www.vernonctpolice.org">http://www.vernonctpolice.org</a> or call our Records Department (860) 872-9126 extension 1127

(July 21,2021)

# Please complete the form below prior to your appointment, and present it at the Records Window upon arrival.

### **FINGERPRINTING**

Your fingerprints will be taken using a digital scanning device. To assist the officer with required data entry, please complete the following:

#### PLEASE PRINT

Last Name: Maiden Name:			First Name:			Middle:	
			Social Security #			Place of Birth:	
lesiden	ice: (Numbe	er, Street,	Apt. No., T	own, State,	Zip Code)		
Sex:	Race:	Hgt:	Wgt:	Hair:	Eyes:	Date of Bi	rth: Citizensh
Home F	hone No.:		Cell Ph	one:		Email:	
Reason	Fingerprin	ted: □Pi	stol Permit	□ Veп	ion Fire/EN	4S 🖸 Othe	r (Specify)
VPD US	SE ONLY			INSACTION	CODE:	TE CARD	DO NOT SEND!
		NFU	F XR	A MA	P PRIN	VI CARD-	<u>DO NOT SEND!</u>



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 Int	Cirici di WWW.oga.or.go.	
	ype of Permit Requested:	
Check Box:  ☐ 60 Day Temporary State Pistol Permit  ☐ Non-Resident State Pistol Permit  ☐ Eligibility Certificate to Purchase Pistols or Re ☐ Eligibility Certificate to Purchase Long Guns		
	Instructions:	Instructions for Eligibility
Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:
1. 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:  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.o. PORARY PISTOL certificates (e.o. PORARY PISTOL certificates)  PERMITS: PLEASE REFER TO THE APPLICANTS PLEASE REFER TO THE UPDATED INSTRUCTIONS WHICH ARE UPDATED INSTRUCTIONS WHICH ARE  I the circles.  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)	**CALL 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 all of the following:  Completed State of CT and Federal fingerprint card with \$75.00 fee and \$13.25 fee, payable to Treasurer, State of Connecticut for criminal history background checks; Firearms Safety & Use Course Certificate; \$70.00 fee, payable to Treasurer, State of Connecticut; Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C); Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style); 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.);and Proof of valid state issued photo identification card.	1. Complete this form and submit in person at DESPP Headquarters, Division of State Police, located at 1111 Country Club Road, Middletown, Connecticut along with the below:  Firearms Safety & Use Course Certificate; \$35.00 fee, payable to Treasurer, State of Connecticut; Application for a State Eligibility Certificate for a Pistol or Revolver or for Long Guns (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.); and Proof of valid state issued photo identification card.  2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.  3. Upon approval, your photograph will be taken at DESPP and you will be
certificate, U.S. passport or documentation issued by I.C.E.); and Proof of valid state issued photo identification card.  5. Upon approval, your photograph will be taken at DESPP and you will be issued a state pistol permit.	Out of State Pistol Permit Information:	issued an eligibility certificate.

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access <a href="https://www.ct.gov/despp">www.ct.gov/despp</a> 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					
	Suffix				
Last					
	 Middle Initial				
First Nicker Land Land Land Land Land Land Land Land					
Provide all other names by which you have been known (Maiden name, Aliases, Nicknown (Attach additional sheet(s), if necessary)	anies, etc.)				
Date of Birth Sex Height Weight	Eye Color				
Month/Day/Year    Date of Birth   Sex   Se	☐ Brown ☐ Blue ☐ Black ☐ Green ☐ Gray ☐ Hazel				
	Hair Color				
Race	☐ Brown ☐ Black ☐ Blonde ☐ Red				
	Gray White Bald				
Black Unknown Other	Social Security Number (Optional, but will help				
Place of Birth	prevent misidentification)				
City/Town State					
Country of Citizenship Alien Reg.	Number (If applicable)				
Residential Address (List street address. Post office box numbers are not acce	ptable)				
Number/Street					
City/Toy/n State	Zip Code				
List Residential Addresses for the Last 7 Years (Attach additional sheet(s), if necessary	ary)				
*Any subsequent changes of address must be reported within 48 hours to the Sp	ecial Licensing and Firearms Unit				
1					
2.					
Mailing Address (If different from current residential address above)					
Number/Street					
City/Town State	e Zip Code				
City/Town					
Area Code_	State of Issue				
Alternate Telephone Number					
Àrea 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. Permit or Eligibility Certificate History	orv.				
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: 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 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? If "YES," list all convictions, include charges, location, date of arrest, and disposition. (Attach additional □NO □YES 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 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 Environ ☐ Other:					
State Instructor's Name and ID Nun	nber:				
200 - 200 - 100 W - 200	PARTIES VENEZ SALE	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 C.G.S. § 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	Signe	ed			
STATE OF					
COUNTY OF	Print -	Name			
Subscribed and sworn to before	me this da	ay of	20		
			24		
		Name: Notary Public			
		My Commission E	expires:		
		Commissioner of			
		Cassanscon			
THE REPORT OF THE PROPERTY OF	NOTICE: A	ppeal Process fo	r Permits		
In the event that your application for pistol permit or eligibility certificate is denied or revoked, you may notify the Board of Firearms Permit Examiners, at 165 Capitol Ave., Suite 1070, Hartford, CT 06106. Telephone: (860) 256-2947, 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.					
	F	or Official Use Only:			
Application Received:	FBI Sent:	□No □Yes	Application Status:		
	FBI Reply:	□No □Yes	ApprovedDenied		
	ICE Response:	□No □Yes	MApproved Medited		
Month/Day/Year	DMHAS:	□No □Yes	4 4 4 4 4		
	SPBI:	∐No ∐Yes	(Signature and title of issuing authority)		

# Noncriminal Justice Applicant's Privacy Rights

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. 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

If you need additional information or assistance, please contact:

	Connecticut Records:
Departme	ent of Emergency Services and Public Protection
	ate Police Bureau of Identification (SPBI)
1,000,000	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

Applicant Signature:	Date:	
	2	

<sup>2</sup> See https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

<sup>&</sup>lt;sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>&</sup>lt;sup>3</sup> 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),

## **FBI Privacy Act Statement**

### This privacy act statement is located on the back of the FD-258 fingerprint card.

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, supplemental 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

VERNON POLICE DEPARTMENT 725 Hartford Turnpike Vernon, CT 06066

		050
Applicant Signature:	Date:	and the second s