



TOWN OF SUFFIELD

Obtaining a 60 day Temporary State Pistol Permit

Please read this cover page in its entirety to prepare for your appointment.

Applicant must be a Suffield resident AND at least 21 years of age AND a legal resident of the United States.

The application package is available at the Police Department Town's website: www.suffieldct.gov (see "Police", then "Pistol Permit Application"). The Suffield Police Department issues the Temporary State Permit to Carry Pistols or Revolvers pursuant to # 29-28 and 29-28a of the Connecticut General Statutes. This process takes approximately 8 to 12 weeks. Temporary permits are valid for sixty (60) days from the date of issue.

If you have questions, call Monday – Friday, 7:00am – 2:00pm
And ask for the Records Clerk at 860-668-3311.

Prepare the following documents and bring to your appointment:

☐ **HAND GUN SAFETY COURSE LETTER/CERTIFICATE OF COMPLETION**

You are required to complete a hand gun safety course, which must consist of no less than the NRA's "Basic Pistol Course." Live fire is required, using a semi-automatic pistol or revolver. The letter or certificate must include the instructor's name and identification number. Information regarding NRA firearms instructors and approved courses in this area may be obtained by calling the NRA office at 800-672-3888 or by visiting the website: www.nrainstructors.org/searchcourse.aspx.

☐ **PISTOL PERMIT APPLICATION – Completed and Notarized**

Complete the application-

<https://portal.ct.gov/-/media/DESPP/CSP/files/DPS-799-C.pdf?la=en>

The application must be notarized. WAIT TO SIGN THE APPLICATION UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY. Notaries are generally available at banks and UPS stores.

☐ **SUFFIELD POLICE DEPARTMENT SUPPLEMENT TO PISTOL PERMIT APPLICATION**

Complete the supplement **The submission of the supplemental application is voluntary but strongly encouraged. Subsequent to the submission of your application, the department is required to complete a suitability investigation under CGS. 29-29. The completion of this document can aid and expedite the process.

☐ **SUFFIELD POLICE DEPARTMENT WAIVER OF CONFIDENTIALITY**

Sign the waiver authorizing the Police Department to conduct a background check

☐ **IDENTIFICATION**

- Valid United States passport or certified birth certificate

- Valid Driver's License or CT State non-driver photo ID

☐ **PROOF OF SUFFIELD RESIDENCE** May also be required is you are a "new" Town resident.

- Mail: Utility bill, tax bill, etc. showing your Suffield address

☐ **FEES**

- **\$10.00** Cash or personal check is fine (payable to "Town of Suffield") for the fingerprints if they are done at Suffield PD.

- **\$70.00** (personal check is fine) payable to "Town of Suffield" for the temporary sixty day permit (**Due Once Permit Is Approved**)

SPD/RD 05

General Information

Temporary permit holders must apply for State Pistol Permits within 60 days of receiving the temporary permit (before its expiration). The entire Temporary State Pistol Permit process must be repeated if you do not apply for the State permit within the 60 day period. The fee for the State as of this writing is \$70 and the State permit is currently valid for five (5) years. Basic information regarding the process for obtaining the State permit will be provided to the applicant when the temporary permit is issued. The State Special Licensing and Firearms Unit will provide the full information you need. Their telephone number is 860-685-8290.

Rev. August 27, 2021



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

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

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:
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.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.). 2. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints. 3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days. 4. 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. 5. Upon approval, your photograph will be taken at DESPP and you will be issued a state pistol permit.	**EMAIL DESPP FOR PACKET** <u>SLFU.OOS@CT.GOV</u> <i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i>	**EMAIL DESPP FOR PACKET** <u>SLFU.OOS@CT.GOV</u> <i>You must be 21 years of age to obtain a Pistol Eligibility Certificate. You must be 18 years of age to obtain a Long Gun Eligibility Certificate.</i>

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:

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

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 nolle, 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)

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 less than Honorable Discharge? ☐NO ☐YES

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

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. Please make sure a copy of the certificate of completion for the additional training is also included.*

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 _____

COUNTY OF _____

Print Name _____

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, at 165 Capitol Ave, Suite 1070, Hartford, CT 06106. Telephone: (860) 256-2977 OR (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.

For Official Use Only:

Application Received:

□□/□□/□□□□
Month/Day/Year

FBI Sent: ☐ No ☐ Yes
FBI Reply: ☐ No ☐ Yes
ICE Response: ☐ No ☐ Yes
DMHAS: ☐ No ☐ Yes
SPBI: ☐ No ☐ Yes
Number: _____

Application Status:

☐ Approved ☐ Denied

(Signature and title of issuing authority)



Suffield Police Department Supplement to Pistol Permit Application

Name _____ Phone # (home) _____ Phone # (cell) _____

Employment History – Current Occupation: _____

List all employment for the last ten (10) years including unemployment, part-time employment and military service.

<u>Name & FULL Address of Employer</u>	<u>Dates Employed</u>	<u>Position/Duties</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

List all educational institutions you have attended since age 18, their address and the dates you attended.

<u>Name of Institution</u>	<u>Address</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical

1. Do you have any physical impairment that would, in any way, hinder you from carrying or using a firearm?

Yes ____ No ____ If yes, explain _____

2. Have you ever been hospitalized for mental or emotional problems?

Yes ____ No ____ If yes, explain _____

3. Have you ever consulted or been treated by a professional psychiatrist or psychologist for mental or emotional problems?

Yes ____ No ____ If yes, explain _____

4. Have you ever lost time from school or work for a mental or emotional problem?

Yes ____ No ____ If yes, explain _____

5. Have you ever used drugs other than those legally prescribed for you?

Yes ____ No ____ If yes, explain _____

6. Are you now or have you ever been named in a protective order or restraining order?

Yes ____ No ____ If yes, explain _____

7. How often and to what extent do you use alcohol? _____



Suffield Police Department

911 Mountain Road

Suffield, CT 06078

WAIVER OF CONFIDENTIALITY

You are hereby requested and authorized to disclose, make available and furnish to the Town of Suffield, Connecticut Police Department or its authorized representative, any and all information and/or records requested concerning me, the undersigned applicant.

I hereby waive the privilege of confidentiality to which I may otherwise be entitled, and authorize the release of those records about or concerning me as may be in the possession of others. These records are needed as a condition of my pre-employment investigation or will assist in determining my suitability for obtaining employment with the Town of Suffield, that such waiver is necessary to promote the confidentiality necessary to conduct such an investigation.

The records, the release of which I hereby authorize, shall include but are not limited to any medical health records, arrest, conviction and fingerprint records.

Thereby agree that copies of all such records requested may be released to the Suffield Police Department for purposes of my pre-employment investigation.

I further agree to hold harmless the Town of Suffield from any and all claims under state or federal law arising out of the utilization or information obtained as a result of this release in its selection process.

Signature of Applicant

Print Name

Date

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.**⁴ 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.⁵
- 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.⁶

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
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Applicant Signature: _____

Date: _____

⁴ Written notification includes electronic notification, but excludes oral notification.

⁵ See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

⁶ 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).

Noncriminal Justice Applicant's Privacy Rights

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, investigation, 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, investigation, 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

Applicant Name (print): _____

Applicant Signature: _____ Date: _____

PISTOL PERMIT

FINGERPRINTING PRE-ENROLLMENT

Please go to the following Web Site to pre-enroll for
your fingerprinting

<https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll/>

Contact Records for the service code to enroll.

Once you have enrolled, you may go to any Police
Department for your fingerprinting. The Suffield
Police Department charges \$10.00 to do the
Fingerprinting and has Walk-in hours on
Wednesdays 11:00am – 1:00pm

(or call for an appointment outside those walk-in hours)

Suffield Police Department Records Division
860-668-3311