



TOWN OF WOODBURY

Woodbury Police
281 Main Street South
Woodbury, CT 06798

Telephone: (203)263-3400

Fax: (203)266-4473



INSTRUCTIONS FOR PISTOL PERMIT APPLICATION

- Application must be signed in the presence of a Notary Public.
- ALL paperwork to be returned to the Woodbury Police Dept.
- You must be over the age of 21.
- You will need to present original:

Valid US Passport or Birth Certificate
Valid CT Driver's License or Photo ID
If discharged from Military, your DD214 papers.
Original Firearms Training Course Certificate.

- As part of your background investigation, The First Selectman, or his designee, may notify you for a personal interview.
- Fingerprints to be taken at Woodbury Police Department. TWO (2) separate checks payable to "Treasurer – State of CT".

Fee of \$13.25 for your FBI fingerprints.
Fee of \$75.00 for your State fingerprints.
Donation of \$10.00 for taking prints – cash or check, payable to "Town of Woodbury".

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- You will be contacted via letter when the permit is ready to pick up at the Police Department. The temporary permit fee is \$70.00, payable by check to "Town of Woodbury". This temporary permit is valid for 60 days.
 - Once a temporary permit has been issued by the Town, the applicant must apply within 60 days for a state permit.

CT STATE PISTOL PERMIT LOCATIONS

DESPP

1111 Country Club Rd

Middletown CT

Mon – Fri 8:30 AM – 4:45 PM

TROOP G

149 Prospect St

Bridgeport CT

Tues-Wed-Fri-Sat 8:00 AM -12:00 Noon, 12:30 PM – 3:45 PM

TROOP E

I-395 North, between exit 79 & 79A

Montville CT

Thurs 11:00 AM – 2:00 PM, 2:30 PM – 6:45 PM

Bring with you the following paperwork:

- temporary state permit
- birth certificate or passport
- photo ID, ie driver's license
- check in the amount of \$70.00 payable to
“Treasurer – State of CT”

You will be required to fill out another form and your picture will be taken for your permanent State Permit.



**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:
<p>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:</p> <ul style="list-style-type: none"> ▪ 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.). <p>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.</p> <p>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</p> <p>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</p> <ul style="list-style-type: none"> ▪ 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. <p>5. Upon approval, <i>your photograph will be taken at DESPP and you will be issued a state pistol permit.</i></p>	<p align="center">**CALL DESPP FOR PACKET** <i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i></p> <p>Complete this form and submit to DESPP, Division of State Police, pistol permit location along with all of the following:</p> <ul style="list-style-type: none"> ▪ 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. <p>Out of State Pistol Permit Information:</p> <p>State of Issue: _____</p> <p>Expiration Date: _____</p> <p>Permit Number: _____</p>	<p>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:</p> <ul style="list-style-type: none"> ▪ 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. <p>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.</p> <p>3. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate.</p>

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.

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

Contact / Identifying Information:

Name of Applicant

<input type="text"/>	<input type="text"/>
Last	Suffix
<input type="text"/>	<input type="text"/>
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 <input type="text"/> / <input type="text"/> / <input type="text"/> Month/Day/Year	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Height <input type="text"/> Ft. <input type="text"/> In.	Weight <input type="text"/> Lbs.	Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel
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Race <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Hair Color <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Bald
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Place of Birth <input type="text"/> , <input type="text"/> City/Town State	Social Security Number (Optional, but will help prevent misidentification) <input type="text"/> - <input type="text"/> - <input type="text"/>
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Country of Citizenship <input type="text"/>	Alien Reg. Number (If applicable) <input type="text"/>
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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 (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Area Code	Motor Vehicle Operator's License Number <input type="text"/>
Alternate Telephone Number (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Area Code	<input type="text"/> 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: _____

STATE OF CONNECTICUT
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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
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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 _____

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 20 Trinity St., 5th Floor, 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)

**Federal Bureau of Investigations
US Department of Justice
Privacy Act Statement**

Authority:

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application- investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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.

- You must be provided written notification by Woodbury Police that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.⁵
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- 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 criminal history record.⁶

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.⁷

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>.

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. 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.)

If you need additional information or assistance, please contact:

<p>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</p>	<p>Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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Applicant Signature: _____ Date: _____

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

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

⁶ See 28 CFR 50.12(b).

⁷ 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).



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THIS IS TO ADVISE YOU THAT YOUR FINGERPRINTS TAKEN TODAY WILL BE
USED TO CHECK YOUR CRIMINAL HISTORY RECORDS WITH THE FBI