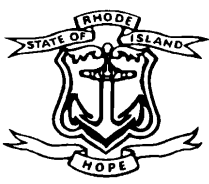


**INSTRUCTIONS FOR LICENSE TO CARRY A CONCEALABLE WEAPON**

**NO APPLICATIONS WILL BE CONSIDERED UNLESS THE FOLLOWING HAVE BEEN ACCOMPLISHED:**

1. This official application form must be filled out completely by the applicant.  
Please **PRINT OR TYPE** application or IT WILL BE RETURNED.
2. The application must be NOTARIZED and MUST BE SIGNED OR STAMPED by the local Police Chief or a city hall official in the city or town of the applicant's residence.
3. Enclose two (2) **1" X 1"** pictures of the applicant taken without headgear or glasses. This photo must be a clear, **colored** picture of the head and face. Please PRINT applicant's name on the back of each picture. NO laminated photos will be accepted.
4. **Three (3) References AND reference letters are required for new AND renewal applications and are to be submitted along with the application. All three references are to write a typed letter for the applicant that is signed, dated AND must be notarized.**
5. Proof of qualification before a certified weapons instructor; i.e., N.R.A. Instructor or Police range instructor must be supplied **along with a copy of the instructor's NRA/FBI firearms instructor's certification**. Qualifications will only be accepted up to one year old and you **cannot** qualify yourself.
6. Two types of positive identification must be submitted, photocopied, signed and dated by a Notary Public, attesting to be true copies.
7. All **NON-RESIDENT APPLICANTS** must include a copy of the their home state permit
8. All **new** pistol permits issued from this office must have a full set of applicant's fingerprints submitted on a **FBI FINGERPRINT APPLICANT CARD** [FD-258 (Rev. 12-29-82)] included with be application. Fingerprint card must be signed by applicant. This is not necessary for a renewal application
9. If the permit is to be used for employment, a **TYPED AND SIGNED** letter of explanation must be submitted on your employer's letterhead and included with the application. Also, please include a copy of the buisness license as proof that the business exists.
10. If the permit is **not** for employment, a typed letter must be submitted by the applicant stating the reasons why a permit is needed on a full time basis. All letters must be dated. We will not accept a photocopy of any signature.
11. **Retired Police Officers** applying under 11-47-18 must submit a letter of verification from the Chief of Police of the department which they retired from stating that they have completed 20 years of good standing.
12. A Forty dollar (\$40.00) **CHECK OR MONEY ORDER** must be presented when picking up permit. **DO NOT SEND A CHECK OR MONEY ORDER WITH YOUR APPLICATION.**
13. Applicant will be notified by mail of approval or denial of permit. If approved, applicant must appear in person to pick up permit. **This application, fingerprint card, and photo's become part of the records of the Attorney General and will not be returned.**
14. All **permits will expire FOUR (4) YEARS from the date of issue**. Also, the renewal of your permit is your obligation. No notification of expiration of the permit will be sent to you. Allow a maximum of **90 DAYS** for processing of your application due to the fact that this department is dependant on other agencies for information necessary to complete the application.



**APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON**

DATE \_\_\_\_\_

**PERMIT NUMBER** \_\_\_\_\_

NAME \_\_\_\_\_

First

Middle

Last

ADDRESS \_\_\_\_\_

Street Name and Number (No P.O. Boxes accepted) City or Town State & Zip

TELEPHONE NUMBER \_\_\_\_\_

Home

Business

Other

SOCIAL SECURITY NUMBER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

Employer's Address \_\_\_\_\_ Street Name and Number \_\_\_\_\_ City or Town \_\_\_\_\_ State & Zip \_\_\_\_\_

DETAIL JOB DESCRIPTION \_\_\_\_\_

DATE OB BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**(If you are not a citizen of the United States, a copy of both sides of your alien registration card must be included with this application.)**

LIST ALL ADDRESSES FOR THE LAST THREE YEARS, INCLUDING DATES AND LOCATIONS

\_\_\_\_\_  
\_\_\_\_\_



HAVE YOU EVER BEEN ARRESTED?\_\_\_\_\_ IF SO, GIVE DETAILS\_\_\_\_\_

HAVE YOU EVER BEEN UNDER GUARDIANSHIP OR CONFINED OR TREATED FOR MENTAL ILLNESS?\_\_\_\_\_ IF SO, GIVE DETAILS\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?\_\_\_\_\_ IF SO, GIVE DETAILS\_\_\_\_\_

HAVE YOU EVER PLED NOLO CONTENDRE TO ANY CHARGE OR VIOLATION?\_\_\_\_\_ IF SO, GIVE DETAILS\_\_\_\_\_

ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR?\_\_\_\_\_ IF SO, GIVE DETAILS AND DATES\_\_\_\_\_

HAVE YOU APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM THE ATTORNEY GENERAL OR A LOCAL CITY OR TOWN IN RHODE ISLAND? \_\_\_\_\_

IF SO, GIVE CITY OR TOWN\_\_\_\_\_ IF SO, IS IT CURRENTLY? ACTIVE?\_\_\_\_\_ EXPIRED?\_\_\_\_\_ DENIED?\_\_\_\_\_ REVOKED?\_\_\_\_\_

**(If you hold an expired permit, enclose photocopy, notary-signed and dated, attesting copies are true)**

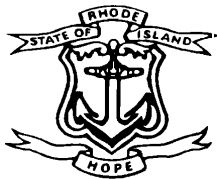
HAVE YOU EVER APPLIED FOR A PISTOL PERMIT TO CARRY A HANDGUN IN ANOTHER STATE: YES\_\_\_\_\_ NO\_\_\_\_\_ IF YES, STATE AND CITY\_\_\_\_\_

WERE YOU DENIED?\_\_\_\_\_ IS SO, GIVE DETAILS\_\_\_\_\_

SEND PHOTOCOPY OF OUT-OF -STATE PERMIT OR LICENSE

HAVE YOU EVER HAD A LEGAL NAME CHANGE?\_\_\_\_\_ IF YES, PLEASE STATE FORMER NAME\_\_\_\_\_

PLEASE LIST NICKNAMES OR ALIAS USED BY YOU\_\_\_\_\_



TO THE CHIEF OF POLICE OR CITY HALL OFFICIAL \_\_\_\_\_  
City or Town and State

THIS IS TO INFORM YOU THAT \_\_\_\_\_  
Applicant's Name (Printed or Typed)

IS APPLYING FOR A PISTOL PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER IN THE STATE OF RHODE ISLAND. WE WOULD LIKE FOR YOU TO VERIFY THAT THIS SUBJECT LIVES IN YOUR CITY OR TOWN OR STATE, IN YOUR JURISDICTION ONLY. **(POLICE CHIEF MAY SEND IN LETTER IF HE/OR SHE WISHES REGARDING THE APPLICANT)**

\_\_\_\_\_  
Police Chief or City Hall's Official Signature Date

ON A SEPARATE SHEET OF PAPER OR LETTERHEAD, **TYPE** DETAILS AND SPECIFIC REASONS FOR YOUR NEED FOR A RHODE ISLAND PERMIT (ONLY **TYPED** LETTERS WILL BE ACCEPTED)

TWO (2) TYPES OF POSITIVE IDENTIFICATION MUST BE SUBMITTED. EXAMPLES:

- (1) Birth Certificate (2) Rhode Island or State Driver's License (3) Rhode Island Identification Card

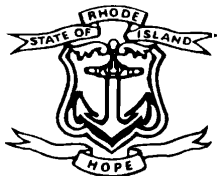
A PHOTOCOPY OF ANY TWO OF THE ABOVE SIGNED AND DATED BY A NOTARY PUBLIC, ATTESTING AS BEING TRUE COPIES WILL BE ACCEPTED. PASSPORT AND OTHER POSITIVE IDENTIFICATION WILL ALSO BE ACCEPTED.

THREE (3) REFERENCES ARE REQUIRED:

\_\_\_\_\_  
Name Address/City/State/Zip Area Code/Tele No# Years Known

\_\_\_\_\_  
Name Address/City/State/Zip Area Code/Tele No# Years Known

\_\_\_\_\_  
Name Address/City/State/Zip Area Code/Tele No# Years Known



**NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY  
ALL OTHERS MUST QUALIFY IN ACCORDANCE TO 11-47-15**

**MUST QUALIFY WITHIN 1 YEAR OF SUBMITTING APPLICATION**

WEAPON QUALIFICATION SCORE: CAL.OF WEAPON\_\_\_\_\_

AMY-L\_\_\_\_\_ SCORE\_\_\_\_\_ R.I. COMBAT\_\_\_\_\_ SCORE\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER**

**DATE**

\_\_\_\_\_  
**PRINTED NAME & TELEPHONE NO# OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER**

\_\_\_\_\_  
**N.R.A. NUMBER OR POLICE DEPARTMENT NAME**

\*\*\*\*\*

**AFFIDAVIT**

I CERTIFY THAT I HAVE READ AND I AM FAMILIAR WITH THE PROVISIONS OF **11-47-1 TO 11-47-62**, INCLUSIVE, OF THE GENERAL LAWS OF RHODE ISLAND, 1956, AS AMENDED, AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATIONS OF THE PROVISIONS OF THE CITED SECTIONS. I FURTHER UNDERSTAND THAT ANY ALTERATION OF THIS PERMIT IS JUST CAUSE FOR REVOCATION.

\_\_\_\_\_  
**Applicant's Signature**

BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME IN \_\_\_\_\_, RHODE ISLAND

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public Signature**

\_\_\_\_\_  
**Notary Public (Name Printed)**

MY COMMISSION EXPIRES ON \_\_\_\_\_  
**Month Year State**