

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 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 picture of the head and face. Please PRINT applicant's name on the back of each picture. NO laminated photos will be accepted.
4. 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.**
5. Two types of positive identification must be submitted, photocopied, signed and dated by a Notary Public, attesting to be true copies.
6. All **NON-RESIDENT APPLICANTS** must include a copy of the their home state permit
7. 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.
- 8A. If the permit is to be used for employment, a **TYPE** letter of explanation must be submitted on your employer's letterhead and included with the application.
- 8B. 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.
9. All **new** applicants need a Police Chief's Signature
10. **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 service
11. 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
12. Applicant will be notified by mail of approval or denial of permit. **Telephone inquiries will not be accepted.**
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.**
13. 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 minimum of 90 DAYS for processing of your application.**



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)

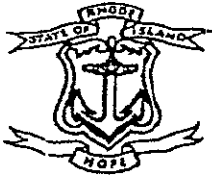
HAVE YOU EVER APPLIED FOR A PISTOL PERMIT TO CARRY A HANDGUN IN ANOTHER STATE:
YES _____ NO _____ IF YES, STATE AND CITY _____

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 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 11-47-55, 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. **THE CALIBER OF THE FIREARM THAT IS CARRIED MAY NOT EXCEED THE CALIBER LISTED ON THE GUN PERMIT.**

Applicant's Signature

BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME IN _____, RHODE ISLAND

THIS _____ DAY OF _____, 19____.

Notary Public Signature

Notary Public (Name Printed)

MY COMMISSION EXPIRES ON _____
Month Year State