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 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. This is not necessary for a renewal application

8. 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.

9. 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.

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 maximum of 90 DAYS for processing of your application due to the fact that this department is dependant on other agencies for [illegible] 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

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

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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