

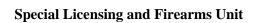
Redding Police Department

96 Hill Road • Redding, Connecticut 06896 • Phone: 203-938-3400 • Fax: 203-938-9427



- 1. Fill out completely and have notarized the current version of this application form (DPS-799-C Rev. 03/03/21). Application must be received within 45 days after being notarized. If more than 45 days have lapsed, your application will not be accepted. Every question must be answered. Any question not answered will cause a delay in processing. Be sure to include your telephone number so we can call you with any issues.
- 2. Sign and return the attached Privacy Statement Forms with your application.
- 3. Complete online Fingerprint Registration: (required before fingerprint appointment can be made)
 - a. You must register at the Pre-Enrollment site: https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll
 - b. Pre-Enrollment requires you to register with the Service Code: 93AE-855E
 - c. Complete the Pre-Enrollment demographic information (all bold font/blue highlight fields)
 - d. Payment of \$88.25 is due at time of registration to the State of CT through Pre-Enrollment site (credit card only)
 - e. After completing the Pre-Enrollment step, a confirmation screen will appear confirming registration is complete. PRINT Applicant Tracking Number Form and submit it you're your application paperwork. A fingerprint Appointment cannot be made without this Tracking Number form.
- 4. **Bring your ORIGINAL Birth Certificate**, or a current U.S. passport to your fingerprint appointment. (We will photocopy -Keepsake certificates from the hospital are not acceptable).
- 5. **Bring your CT Driver's License** with a Redding address to your fingerprint appointment. If your license does not have a Redding address, proof of residency must be provided, such as a utility bill, a tax bill is not proof a residency.
- 6. **Bring your ORIGINAL Firearms Safety and Use Certificate** from a State of CT approved Instructor to your fingerprint appointment (issued within the last calendar year).
- 7. Bring three letters of reference from people that can speak to your character to your fingerprint appointment. Please have references include contact information (phone number, address etc.). You can also choose to have them complete the reference form posted on our website if you like.
- 8. Bring two passport size color photographs to your fingerprint appointment.
- 9. Bring a copy of Military Discharge Papers, DD214 or DD256 if applicable.
- 10. Once you have all of the above listed requirements in order an appointment can be made to complete the temporary pistol permit processing. Appointments are only scheduled with Officer Lopiano, please call him at 203-938-3400 to setup an appointment. A \$70.00 application fee will be collected at your fingerprinting appointment (Only checks made out to the Town of Redding will be accepted). Please contact Officer Lopiano at 203-938-3400 or blopiano@rpdct.us if you need more assistance.







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 sugg				
to firearms. These can be accessed on the Internet at www.cga.ct.gov. or through your local library.				
Check Box:	ype of Permit Requested:			
☐ 60 Day Temporary State Pistol Permit ☐ Non-Resident State Pistol Permit ☐ Eligibility Certificate to Purchase Pistols or Re ☐ Eligibility Certificate to Purchase Long Guns	evolvers			
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:		
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:	**EMAIL DESPP FOR PACKET** <u>SLFU.OOS@CT.GOV</u> You must hold a valid permit or license to carry a pistol or revolver	**EMAIL DESPP FOR PACKET** SLFU.OOS@CT.GOV 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.		
 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.). 	issued by a recognized United States jurisdiction.			
2. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints.				
 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.				

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:	
Name of Applicant	Somast, Idonaliying illioniationi	
Last	Suffix	
First	Middle Initial	
(Attach additional sheet(s), if necessary)	nave been known (Maiden name, Aliases, Nicknames, etc.)	
Date of Birth Sex	Height Weight Eye Color	
	M Ft. Lbs. Brown Blue Black wn/Non-binary In. Green Gray Hazel	
Race	Hair Color	
White American Indian/Alaskan Black Unknown/Other	☐ Gray ☐ White ☐ Bald	
Place of Birth	Social Security Number (Optional, but will help prevent misidentification)	
City/Town	State	
Country of Citizenship	Alien Reg. Number (If applicable)	
Basidantial Address (List street address	Destriction by a superior and a secretable	
Residential Address (List street address	ress. 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 cur	rent residential address shows	
Number/Street		
City/Town	State Zip Code	
Home Telephone Number	Motor Vehicle Operator's License Number	
() - Area Code	State of Issue	
Alternate Telephone Number	Email Address	
Area Code		
List Employers and Ossumation for	Employment History:	
List Employers and Occupation for the Last 7 Years (Provide employer's name, address and telephone number) (Attach additional sheet(s), if necessary) 1/ Occupation:		
2	/ Occupation:	
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:		
•	uspension, or revocation:	

Modical History
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 nolled, 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 <u>pursuant to the law of the other jurisdiction</u> . 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 TYES 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? \square NO \square YES
If "YES," which court issued the order?
Military History:
wintary riistory.
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 <u>less than</u> Honorable Discharge? ☐NO ☐YES

Proof of Training:					
revolvers or long guns (as appropriat	te, depending upo	on which permi	e completed a course in the safety and use of pistomit or certificate you are requesting), signed by the insoletion for the additional training is also included.		
□ National Rifle Association □ Department of Energy and Envi □ Other:			P)		
State Instructor's Name and ID Nu	ımber:				
		Declaratio	ion:		
servant in the performance of his or that any statement in this application such application. If approved before	her official function that is determined the facts are known to the facts are known to the facts to the accuracy	on, is punishabed to be false own, such app by, completene	we to be true and which is intended to mislead a publiable by law (See CGS § 53a-157b). I further unders e or inaccurate shall constitute grounds for the denia oproval shall be void if based on a false or inaccurate ness and to the truth of all information supplied on the to the above are true and correct.	tand I of	
Date	Sign	ed			
STATE OF					
Print Name					
COUNTY OF	—	ivaille			
Subscribed and sworn to before	e me this d	ay of	20		
		Name: Notary Pub My Commis Commissio	ublic mission Expires: sioner of Superior Court		
	NOTICE: A	ppeal Proce	cess for Permits		
Board of Firearm Permit Examine 2977 OR (860) 256-2947, in writi	ers, at 165 Capi ng, within ninety est that your app	tol Ave, Suite y (90) days, i lication be re	ty certificate is denied or revoked, you may notify ite 1070, Hartford, CT 06106. Telephone: (860), in order to begin your appeal process. At a hear reconsidered or that your permit or eligibility	256-	
Application Received:	FBI Sent:	or Official Use			
Approacion received.	FBI Sent: FBI Reply:	No Yes	es _		
// Month/Day/Year	ICE Response:	No Yes	Approved Depied		
world / Day/ 1 dai	DMHAS: SPBI:	No Yes			
	JEDI.	I INO I ITES	es (Signature and title of issuing authority)		

Number :

Requesting Entity: Redding Police Department				
FBI Privacy Act Statement				
Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplementation include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Ordand federal regulations. Providing your fingerprints and associated information is voluntary; however, failured to so may affect completion or approval of your application.	ental ders,			
Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may predicated on fingerprint-based background checks. Your fingerprints and associated information/biome may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (Newstern or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerpand associated information/biometrics in NGI after the completion of this application and, while retained, infingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.	trics the NGI) able rints			
Routine Uses: During the processing of this application and for as long thereafter as your fingerprints associated information/biometrics are retained in NGI, your information may be disclosed pursuant to consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applications Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures employing, governmental or authorized non-governmental agencies responsible for employment, contract licensing, security clearances, and other suitability determinations; local, state, tribal, or federal enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safe	your eable NGI s to: ting, law			
As of 03/30/2	2018			
Note: This privacy act statement is located on the back of the FD-258 fingerprint card.				
SIGNATURE DATE				
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This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity:	Redding Police Department	
as an application for employmen certain rights which are discussed	t or a license, an immigration or naturalization below. All notices must be provided to you	record check for a noncriminal justice purpose (such matter, security clearance, or adoption), you have in writing. ¹ These obligations are pursuant to the Title 28 Code of Federal Regulations (CFR), 50.12,
criminal history results, when yo explain the authority for collectinformation will be searched, share	u submit your fingerprints and associated persting your fingerprints and associated informated, or retained. ²	2013 or later), by the agency that will receive your sonal information. This Privacy Act Statement must ation and whether your fingerprints and associated

- 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.³

Updated 11/6/2019

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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This document must be retained by the Entity.

¹ Written notification includes electronic notification, but excludes oral notification.

² See https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

³ 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).