SHELTON POLICE DEPARTMENT INSTRUCTIONS FOR OBTAINING A TEMPORARY STATE PERMIT

The application **MUST** be filled out **completely**. The below listed requirements **MUST** be strictly adhered to.

FAILURE TO FOLLOW THESE REQUIREMENTS WILL RESULT IN THE REJECTION OF THE PERMIT. APPLICANTS WHO INCLUDE FALSE INFORMATION OR WHO NEGLECT TO INCLUDE ALL PAST ARRESTS AND OR CONVICTIONS WILL BE PROSECUTED FOR FALSE STATEMENT (53a-157a and/or 53a-157b)

The following items **MUST** be presented at the time of your appointment:

1.) Certified Gun Instructor Basic Pistol Safety Course Certificate]
2.) Birth Certificate or Passport or Permanent Resident Card]
3.) Completed pistol permit application with Notary Seal	
4.) CT Driver's License or CT ID with photo - MUST have a SHELTON add	dress 🛛
5.) Cashiers check or money order in the amount of \$70.00 dollars mac the City of Shelton. Cash or personal checks will not be accepted.	de out to
6.) Go to <u>https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll/</u> and e A124-3CDF . Follow all of the instructions on this site to obtain your Number. Write this number down as you will need it to get fingerprint	Applicant Tracking
Applicant Tracking #:	

Upon completion of the application and the above requirements:

A fingerprint appointment can be scheduled by going online scheduler http://sheltonpolice.net/fingerprinting/fingerprinting.htm

Please bring <u>ALL</u> of the above paperwork to your fingerprint appointment.

IF YOU ARE MISSING ANY OF THE ABOVE REQUIRED PAPERWORK, YOUR PERMIT WILL NOT BE PROCESSED.

www.sheltonpolice.net

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. <u>All notices must be provided to you in</u> <u>writing.</u>¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- 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.fbi.gov/services/cjis/identity-history-summary-checks and
- 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

If you need additional information or assistance, please contact:

Connecticut Records:	Out-of-State Records:
Department of Emergency Services and Public Protection	Agency of Record
State Police Bureau of Identification (SPBI)	OR
1111 Country Club Road	FBI CJIS Division-Summary Request
Middletown, CT 06457	1000 Custer Hollow Road
860-685-8480	Clarksburg, West Virginia 26306

Applicant Signature:____

Date:_

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

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

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).

FBI Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system 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 fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Applicant Signature:_____ Date:_____ Date:_____



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 <u>www.cga.ct.gov</u>. 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:	
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:	**CALL DESPP FOR PACKET** You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States	**CALL DESPP FOR PACKET** You must be 21 years of age to obtain a Pistol Eligibility Certificate. You must be 18 years of age to	
 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.). 	jurisdiction.	obtain a Long Gun Eligibility Certificate.	
2. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints.			
3. 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. 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 <u>www.ct.gov/despp</u> 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		
	Suffix	
First	Middle Initial	
	ave been known (Maiden name, Aliases, Nicknames, etc.)	
Date of Birth Sex	Height Weight Eye Color	
	M Ft. Lbs. Brown Blue Black wn/Non-binary III. Green Gray Hazel	
Race		
Black Unknown/Other	Gray 🛄 White 🛄 Bald	
Place of Birth	Social Security Number (Optional, but will help prevent misidentification)	
Country of Citizenship		
Residential Address (List street addr	ess. Post office box numbers are not acceptable)	
Number/Street	,	
City/Town	State Zip Code	
	7 Years (Attach additional sheet(s), if necessary) must be reported within 48 hours to the Special Licensing and Firearms Unit	
1		
2		
Mailing Address (If different from cur	rent residential address above)	
Number/Street		
City/Town	,,	
Home Telephone Number	Motor Vehicle Operator's License Number	
(
Alternate Telephone Number	Email Address	
Employment History:		
(Attach additional sheet(s), if necessary)	(Provide employer's name, address and telephone number)	
1		
2		
Permit or Eligibility Certificate History: Have you had a firearms permit, permit application or eligibility certificate of any kind from <u>ANY</u> jurisdiction in the United States denied, suspended or revoked? NO YES		
If "YES," provide:	ch issued the denial, suspension or revocation:	
 Date of denial, suspension or revocation: 		
3. The reason for the denial, su	uspension, or revocation:	

Medical History:

Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court?
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? INO 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 <u>ARRESTED</u> 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)
<i>Notice:</i> You are <i>not</i> 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 <u>CONVICTED under the laws of this state, federal law or the laws of another jurisdiction</u> ? 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? \square NO \square YES
If "YES," which court issued the order?
Military History:
Were you ever a member of the Armed Forces of the United States? INO 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? O O YES

	Proof of Training:	
	ting that you have completed a course in the safety and ng upon which permit or certificate you are requesting), sign	
National Rifle Association Department of Energy and Environmental Other:		
State Instructor's Name and ID Number:		
	Declaration:	
servant in the performance of his or her official that any statement in this application that is det such application. If approved before the facts a statement. My signature below attests to the ad application:	hich I do not believe to be true and which is intended to m function, is punishable by law (See CGS § 53a-157b). I fu- termined to be false or inaccurate shall constitute grounds are known, such approval shall be void if based on a false ccuracy, completeness and to the truth of all information s t, that the answers to the above are true and correct.	urther understand for the denial of or inaccurate
Date	Signed	
		_
STATE OF	_	
	Print Name	_
COUNTY OF		
Subscribed and sworn to before me this	day of20	_
	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:	FBI Sent:	No Yes	Application Status:
Month/Day/Year	FBI Reply: ICE Response: DMHAS: SPBI: Number <u>:</u>	No Yes No Yes No Yes No Yes No Yes No Yes	Approved Denied (Signature and title of issuing authority)