



Meriden Police Department

50 West Main Street
Meriden, Connecticut 06451
203-238-1911



Roberto M. Rosado
Chief of Police

FOR PERMIT APPLICATION TO CARRY PISTOL OR REVOLVER

1. Completed applications can be accepted by the Records Division only
 - Hours are: Monday thru Friday, 10am – 4pm
2. Complete the Meriden Police Department Permit Cover page and State of Connecticut application form DMS-799-C. You must complete the most up to date revision application.
 - The revision date is located in the lower left of the form
 - The current revision date is: **12/28/18**
 - The cover page and application are all available at the Police Department/Records window during the above hours –or- from the front desk 24 hrs a day/ 365 days a year –or- online at www.cityofmeriden.org/content/police/ Go to online forms section and print both forms listed as “State Pistol Permit Application”
3. You must complete the entire application (**it will not be accepted if it is not complete**):
 - Please read every question carefully and provide all applicable information (answer them truthfully and explain each of not sure of the answer)
 - When there are check boxes present you **must** check at least one
 - If an explanation or further information is asked for you must provide it (can use a separate piece of blank paper)
 - Provide the instructor’s name and ID number in the Proof of Training section
 - Must be notarized
 - Please double check your application and ensure that you have answered every question
4. Bring (1) one check to the Records Division of the Meriden Police Department:
 - Bank check, money order, personal check, (cash may be accepted but not preferred)
 - 1 check for **\$88.25** (State and Federal background fees) made out to the “City of Meriden”
 - These fees are not refundable
5. The following documentation is required at the time of the submission of you application (it will not be accepted without the required applicable documentation):
 - Copy of your birth certificate (**must present Birth Certificate**)
 - Copy of a government ID with you photograph and current Meriden address (Drivers license, Passport, etc)
 - An address verification document if your government ID does not show a current Meriden address
 - Examples, but not limited to:
 - 2nd government ID with your photo, name, and current Meriden address
 - Copy of a piece of a recently post marked mail showing your name and current Meriden address
 - Copy of certificate or letter for successful completion of a course approved by the State of Connecticut for the safety and use of pistols and revolvers (Example: NRA)
 - Copy of your Naturalization or resident alien card (if you were not born in the USA (when applicable))
 - Copy of your DD-214 (if you were in the Military (when applicable))
6. YOUR APPLICATION WILL NOT BE ACCEPTED UNTIL IT IS COMPLETE WITH ALL SUPPORTING DOCUMENTS.

7. Once you turn in your application, checks, and all accompanying documentation, you must be fingerprinted by a Police Service Technician. Their hours of work vary each week both during the day and during night. A schedule will be given to you by the Records clerk. You can also call 203-630-6215 and ask for the Police Service Technician schedule and if one is working when you want to have your prints completed. You may have them completed any hour of the day or night when a technician is working, **Bring your receipt from the Records Division showing you paid for your fingerprint background check.**
8. We will contact you by email or phone when your permit is ready, if approved. Questions can be sent to pistolpermit@meridenct.gov
9. Upon checking up your permit you must bring (1) check to the Records Division of the Meriden Police Department:
 - Bank check, money order, personal check, (cash may be accepted but not preferred)
 - 1 check for \$70.00 (City processing / permit fee) made out to the "City of Meriden"
10. The permit is valid for a period of (60) sixty days from the date of issue. This is the date that it is approved by the Police Department and not the date that it is picked up. It is very important that you pick your permit up in a timely manner. If you fail to pick up your permit prior to its expiration, it will not be valid. You will have to start the process over again and will not be refunded any fees. You will have to resubmit all fees again when you apply.
11. Once you receive your State Temporary Permit, you may obtain a Regular State Permit by applying to the State of Connecticut Weapons Division at 1111 Country Club Road, Middletown, CT 06457. Their hours are 9am – 4:15pm Monday – Friday. Application to the state is made once we issue the temporary permit must be made prior to its expiration date of (60) sixty days.

Pistol Permit Cover Sheet

Complete this form and turn in with your Application Form
Fill in ALL information. If not applicable enter "N/A"

Name: _____ Address: _____

Alias/Maiden Name: _____ Married: _____ Single: _____ Male/Female: _____

Place of Birth: _____ Date of Birth: ____ / ____ / ____

Social Security Number: _____ Race (W, B, A, I, UNK): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Tattoos (Location/Description): _____

Scars/Marks (Location/Description): _____

Disabilities (Description): _____

Occupation: _____ Employer: _____

E-Mail: _____ Work Address: _____

Work Phone: _____

Home Phone: _____ Cell Phone: _____

US Citizen: Yes _____ No _____ If No, Alien Registration Number: _____

If Naturalized, on what date: ____ / ____ / ____

Where Naturalized (City and State): _____

Have you ever applied for a pistol permit? (Circle One) YES NO

Have you ever been denied a pistol permit? (Circle One) YES NO

If yes, please explain the reason you were denied: _____

Have you ever been arrested for any reason? (Circle One): YES NO

If yes, please explain below:

Year:

Arrested for (Charge):

Place of Arrest:

Reason for applying for a pistol permit: _____



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
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.)

When filing this application, it is suggested that you review the Connecticut General Statutes pertaining to this application, which can be accessed on the Internet at www.cga.ct.gov 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:
<p>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:</p> <ul style="list-style-type: none"> ▪ 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.). <p>2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.</p> <p>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</p> <p>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</p> <ul style="list-style-type: none"> ▪ 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. <p>5. Upon approval, your photograph will be taken at DESPP and you will be issued a state pistol permit.</p>	<p style="text-align: center;">**CALL DESPP FOR PACKET**</p> <p><i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i></p> <p>Complete this form and submit to DESPP, Division of State Police, pistol permit location along with all of the following:</p> <ul style="list-style-type: none"> ▪ Completed State of CT and Federal fingerprint card with \$75.00 fee and \$13.25 fee, payable to Treasurer, State of Connecticut for criminal history background checks; ▪ Firearms Safety & Use Course Certificate; ▪ \$70.00 fee, payable to Treasurer, State of Connecticut; ▪ Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C); ▪ Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style); ▪ Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction; ▪ 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. <p>Out of State Pistol Permit Information:</p> <p>State of Issue: _____</p> <p>Expiration Date: _____</p> <p>Permit Number: _____</p>	<p>1. Complete this form and submit in person at DESPP Headquarters, Division of State Police, located at 1111 Country Club Road, Middletown, Connecticut along with the below:</p> <ul style="list-style-type: none"> ▪ Firearms Safety & Use Course Certificate; ▪ \$35.00 fee, payable to Treasurer, State of Connecticut; ▪ Application for a State Eligibility Certificate for a Pistol or Revolver or for Long Guns (DPS-164-C); ▪ 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. <p>2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.</p> <p>3. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate.</p>

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.

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DIVISION OF STATE POLICE

Contact / Identifying Information:

Name of Applicant

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Last	Suffix
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
First	Middle Initial

Provide all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.)
(Attach additional sheet(s), if necessary)

Date of Birth <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> Month/Day/Year	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Height <input style="width: 30px; height: 20px;" type="text"/> Ft. <input style="width: 30px; height: 20px;" type="text"/> In.	Weight <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Lbs.	Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel
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Race <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Hair Color <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Bald
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Place of Birth <input style="width: 90%; height: 20px;" type="text"/>	Social Security Number (Optional, but will help prevent misidentification) <input style="width: 80%; height: 20px;" type="text"/>
City/Town	State

Country of Citizenship <input style="width: 95%; height: 20px;" type="text"/>	Alien Reg. Number (If applicable) <input style="width: 95%; height: 20px;" type="text"/>
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Residential Address (List street address. 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 current residential address above)

Number/Street

City/Town State Zip Code

Home Telephone Number (<input style="width: 40px; height: 20px;" type="text"/>) <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>	Motor Vehicle Operator's License Number <input style="width: 90%; height: 20px;" type="text"/>
Area Code	State of Issue
Alternate Telephone Number (<input style="width: 40px; height: 20px;" type="text"/>) <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>	
Area Code	

Employment History:

List Employers for the Last 7 Years (Provide employer's name, address and telephone number)
(Attach additional sheet(s), if necessary)

1. _____

2. _____

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: _____
3. The reason for the denial, suspension or revocation: _____

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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 nolle, 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 pursuant to the law of the other jurisdiction. 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 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? NO YES

If "YES," which court issued the order?

Military History:

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 **less than** Honorable Discharge? NO YES

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Proof of Training:

**Attach a copy of the letter or certificate attesting that you have completed a course in the safety and use of pistols and revolvers or long guns (as appropriate, depending upon which permit or certificate you are requesting), signed by the instructor of the course.*

Instructor: (Check applicable box)

- National Rifle Association
- Department of Energy and Environmental Protection (DEEP)
- Other: _____

State Instructor's Name and ID Number: _____

Declaration:

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See CGS § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application:

I declare, under the penalties of false statement, that the answers to the above are true and correct.

Date _____ Signed _____

STATE OF _____

COUNTY OF _____

Print Name _____

Subscribed and sworn to before me this _____ day of _____ 20____

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: 165 Capital Ave., Suite. 1070, Hartford, CT 06106. Telephone: (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:

□□/□□/□□□□
Month/Day/Year

FBI Sent: No Yes
 FBI Reply: No Yes
 ICE Response: No Yes
 DMHAS: No Yes
 SPBI: No Yes
 Number: _____

Application Status:

Approved Denied

(Signature and title of issuing authority)