

INSTRUCTIONS FOR PISTOL PERMIT APPLICATIONS

- 1. Complete the application form, DPS-799-C. Omit nothing and have the form notarized.

 The DPS-799-C is also available online at:
 - https://portal.ct.gov/DESPP/Division-of-State-Police/Special-Licensing-and-Firearms/Firearms-and-Permit-Related-Forms-and-Information
- 2. Complete a Firearm Safety & Use course certificate and have signed by one of the following:
 - NRA Certified Pistol Instructor;
 - NRA Home Firearms Safety Instructor;
 - Police Firearms Instructor; or,
 - Gun Club Officer.
- 3. Have a photo I.D. available for reproduction.
- 4. Have 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.), which must be presented at time of application.
- 5. Sign the FBI Privacy Act Statement.
- 6. Fill out the Darien Fingerprint Card Information Sheet.
- 7. Turn in items 1-6 to the Darien Police Department Records Division, between Monday-Thursday 8:00 am 4:30 pm or Friday 8:00 am 1:00 pm, at which time you will be provided with a code to pre-enroll online to have your fingerprints taken.
- 8. Pre-enroll to have your fingerprints taken online with the code provided by the Records Division, which will require an online payment of \$88.25.
- 9. Once pre-enrollment is completed online you will receive an email with an Applicant Tracking Number.
- 10. Bring your photo I.D., Applicant Tracking Number and a \$70.00 check or money order written to the "Darien Police Department", to the Darien Police Department to be fingerprinted. Normally, the Detective Division is only open to the public on:
 - Tuesday 10:00am-ll:00am;
 - Thursday 10:00am-II:00am, 4:30pm-5:30pm; and,
 - Saturday 10:00am-12pm.

The Detective Division is also a Criminal Investigation Office and may not always be available to the public at the scheduled times. Just prior to coming to the Police Headquarters, it is advised to call 203-662-5330 or 203-662-5300 to ensure that a detective is available.

11. Your pistol permit application will not be processed until steps 1-10 have been completed.

ANY QUESTIONS, PLEASE CALL THE DETECTIVE DIVISION AT 203-662-5330 MONDAY - FRIDAY.

NOTE: After receiving a Temporary State Pistol Permit, you may then apply for a State of Connecticut permit in person at:

Department of Emergency Services and Public Protection - Division of State Police
Troop G
149 Prospect Street
Bridgeport, CT 06604
(800) 575-6330

POLICE

Darien Police Department

25 Hecker Avenue Darien, CT 06820-5398

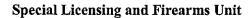
Tel: (203) 662-5330 Fax: (203) 662-5344

Fingerprint Card Information

Applicant: Please complete Section 1 as thoroughly as possible. If you are not certain as to the correct response, leave the section blank and a police officer will assist you when you are fingerprinted.

SECTION 1, APPLICANT INFORMATION:	
LAST NAME, FIRST, MIDDLE:	D.O.B.://
ALIAS / MAIDEN NAME:	SEX: M F RACE:
STREET:	CITY: STATE: ZIP:
PHONE: (CELL PHONE: (
SCARS: Y N LOCATION / DESCRIPTION:	
TATTOOS: Y N LOCATION / DESCRIPTION:	
EMPLOYER:	PHONE: ()
ADDRESS:	OCCUPATION:
	
SECTION 3, TO BE COMPLETED BY DPD DETECTIVE DATE FINGERPRINTED:/ OFFICER / DETECTIVE: CHECK IN RMS: REVIEWED BY: MAKE (1) COPY OF STATE APPLICANT CARD	DATE SENT TO SPBI: / _ / INCIDENT # VATS CHECKED? □ Y □ N
FLQN SPRC SPSC FLQW PRAWN MVOP	(ATTACH ALL POSITIVE RESPONSES)







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 www.cga.ct.gov. or through your local library.

to firearms. These can be accessed on the		gh your local library.
	Type of Permit Requested:	
Check Box: Georgian 60 Day Temporary State Pistol Permit Non-Resident State Pistol Permit Eligibility Certificate to Purchase Pistols or Recommendation of the 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: 	**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.
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. 		
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 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
Last Suffix
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 Sex Height Weight Eye Color
Month/Day/Year
Race Hair Color
White American Indian/Alaskan Native Asian/Pacific Islander □ Brown □ Black □ Blonde □ Red □ Black □ Unknown/Other □ Gray □ White □ Bald
Place of Birth Social Security Number (Optional, but will help
City/Town State prevent misidentification)
Country of Citizenship Alien Reg. Number (If applicable)
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
Mailing Address (If different from current residential address above)
Number/Street
City/Town State Zip Code
Home Telephone Number (
Area Code State of Issue Alternate Telephone Number Email Address
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 <u>ANY</u> 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:
Date of denial, suspension or revocation:
3. The reason for the denial, suspension, 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? 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?
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 <u>less than</u> Honorable Discharge? ☐NO ☐YES

		Proof of Training		
*Attach a copy of the letter or certi- revolvers or long guns (as appropriat of the course. Instructor: (Check applicable box)	ficate attesting the	at you have comp n which permit or c	eleted a course in the safety an ertificate you are requesting), sig	d use of pistols and ned by the instructor
☐ National Rifle Association ☐ Department of Energy and Envi ☐ Other:				
State Instructor's Name and ID Nu	ımber:			
		Declaration:		
I understand that any false statement servant in the performance of his or that any statement in this application such application. If approved before statement. My signature below attestapplication:	her official functio that is determine the facts are kno	on, is punishable by ed to be false or ina own, such approval	/ law (See CGS § 53a-157b). If accurate shall constitute grounds shall be void if based on a false	urther understand for the denial of or inaccurate
I declare, under the penalties of false	e statement, that t	the answers to the	above are true and correct	
Date STATE OF COUNTY OF Subscribed and sworn to before	Print	Name	20	_
		Name: Notary Public My Commission Commissioner of	Expires: Superior Court	
In the event that your application Board of Firearm Permit Examine OR (860) 256-2947, in writing, with before the Board, you may requestertificate be reinstated.	for pistol permiters, at 20 Trinity thin ninety (90) of that your appl	St., 5 th Floor, Hai days, in order to l ication be recons	ficate is denied or revoked, yortford, CT 06106. Telephone: begin your appeal process. A sidered or that your permit or o	(860)256-2977 It a hearing
Andreas Program		r Official Use Only:		
Application Received:	FBI Sent: FBI Reply: ICE Response: DMHAS: SPBI: Number:	NoYesNoYesNoYesNoYesNoYesNoYes	Application Status: Approved Denied (Signature and title of issuing auth	nority)

Requesting Entity:	Darien Police Department
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FBI Privacy Act Statement

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

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

SIGNATURE	DATE

This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity:	Darien Police Department
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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. All notices must be provided to you in writing. 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.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

SIGNATURE	DATE

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).