

Plymouth Police Department

80 Main Street, P.O. Box 34
Terryville, CT. 06786-0034
Telephone (860)-589-7779
Fax (860)-585-4025

Instructions for Pistol Permit Applicants (Minimum Age is Twenty-One (21) Years Old)

1. Complete the application form, answering all questions. Note: Your signature must be notarized, or your application will be rejected.
2. Bring your completed application and supporting documents, cash or money order listed below to the Police Department Between the hours of 8:30 am and 4:30 pm, Monday through Friday, to be reviewed.
 - a. Application form. (Completed with notarized signature).
 - b. Authorization / Waiver Release From (Complete with notarized signature)
 - c. Current Connecticut State Driver's License with correct address.
 - d. Original Birth Certificate or Passport NO PASSPORT CARDS. (You must be at age twenty-one (21) or older).
 - e. Proof of successful completion of a handgun course from a CT State Certified Instructor or N.R.A. Certified Instructor issued within the past (2) years.
 - f. Certificate of completion from the instructor. (Needed After July 1st, 2024)
 - g. Marriage Certificate if last name is changed.
 - h. Divorce Certificate if last name is changed.
 - i. United States Permanent Resident Card, United States Citizenship Certificate, United States Naturalization Certificate, or a Work Visa, I-94, If applicable, to establish legal residency.
 - j. \$70.00 EXACT cash or money order made out to the Town of Plymouth.
 - k. Read, and sign the Agency Privacy Rights for Noncriminal Justice Applicants and the FBI Privacy Act Statement at the Police Department.
3. When you turn in the required paperwork, you will be given the instructions sheet to preregister for your fingerprints. Follow the instructions on the Connecticut Criminal History Request System Pre-Enrollment for the fingerprint-based background check for a Temporary Pistol Permit for the Plymouth Police Department. **You will need to bring the email from Pre-Enrollment with you when you are fingerprinted.**
4. The fingerprints will be sent to the Connecticut State Police and the F.B.I. for Criminal History Background Checks electronically. The response from the State Police and the F.B.I. will come back to this Department within approximately 1 week if there is no criminal history, if a criminal history is found it may take longer. If you are not contacted by this Department after this time has elapsed, you can call this Department on weekdays to inquire if both Criminal History Background Checks have cleared.
5. When the State Police and F.B.I. Criminal History Background Checks are back, your complete application will be reviewed, and you will be contacted by the Police Department to schedule an appointment with the Chief of Police for the issuance of your Temporary State Pistol Permit.
6. After you receive your Temporary State Pistol Permit, you must contact the Special Licensing and Firearms Unit within 60 days to obtain a regular State 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.)

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.

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. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints.</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, <i>your photograph will be taken at DESPP and you will be issued a state pistol permit.</i></p>	<p>**EMAIL DESPP FOR PACKET** <u>SLFU.OOS@CT.GOV</u></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>**EMAIL DESPP FOR PACKET** <u>SLFU.OOS@CT.GOV</u></p> <p><i>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.</i></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.

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

Contact / Identifying Information:

Name of Applicant

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Last	
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; 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: 100%; height: 20px;" type="text"/> Month/Day/Year	Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown/Non-binary	Height <input style="width: 100%; height: 20px;" type="text"/> Ft. <input style="width: 100%; height: 20px;" type="text"/> In.	Weight <input style="width: 100%; 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/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: 100%; height: 20px;" type="text"/> City/Town <input style="width: 100%; height: 20px;" type="text"/> State	Social Security Number (Optional, but will help prevent misidentification) <input style="width: 100%; height: 20px;" type="text"/>
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Country of Citizenship <input style="width: 100%; height: 20px;" type="text"/>	Alien Reg. Number (If applicable) <input style="width: 100%; height: 20px;" type="text"/>
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Residential Address (List street address. Post office box numbers are not acceptable)

<input style="width: 100%; height: 20px;" type="text"/> Number/Street
<input style="width: 100%; height: 20px;" type="text"/> City/Town <input style="width: 100%; height: 20px;" type="text"/> State <input style="width: 100%; height: 20px;" type="text"/> 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)

<input style="width: 100%; height: 20px;" type="text"/> Number/Street
<input style="width: 100%; height: 20px;" type="text"/> City/Town <input style="width: 100%; height: 20px;" type="text"/> State <input style="width: 100%; height: 20px;" type="text"/> Zip Code

Home Telephone Number <input style="width: 100%; height: 20px;" type="text"/> Area Code	Motor Vehicle Operator's License Number <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> State of Issue
Alternate Telephone Number <input style="width: 100%; height: 20px;" type="text"/> Area Code	Email Address <input style="width: 100%; height: 20px;" type="text"/>	

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

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

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

**STATE OF CONNECTICUT
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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. Please make sure a copy of the certificate of completion for the additional training is also included.*

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 Capitol Ave, Suite 1070, 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:

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)



PLYMOUTH POLICE DEPARTMENT

80 Main St., P.O. Box 34, Terryville, CT 06786-0034

Telephone (860) 589-7779, FAX (860) 585-4025

Karen M. Krasicky – Chief of Police



Authorization/Waiver for Release of Information

RE: Records for _____ DOB _____

You are hereby requested, directed, and authorized to disclose, make available, and furnish to the Plymouth Police Department or its authorized representative any and all information and/or records concerning me.

I understand and agree that any information you provide pursuant to this authorization will be kept confidential by the Plymouth Police Department and I will hold you harmless for any responsibility for the disclosure or release of any information, records, etc. This waiver may be used for, but not limited to, checking references, past criminal activities, employment history, credit checks, obtaining motor vehicle history, and educational background.

I further understand and hereby waive any rights to obtain or receive the information that you provide to the Plymouth Police Department to conduct an investigation toward my application for a weapons permit and that such a waiver is necessary to promote the confidentiality necessary to such an investigation.

A copy of this Authorization/Waiver shall be considered as valid as an original.

Date: _____ Signed: _____

State of: _____ Print Name: _____

County of: _____

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

Name
Notary Public
My Commission Expires

Plymouth Police Department

80 MAIN STREET, P.O. BOX 84
TERRYVILLE, CONNECTICUT 06786-0034
TELEPHONE (860) 589-7779
FAX (860) 314-8122



KAREN KRASICKY
CHIEF OF POLICE

Agency Privacy Rights for Noncriminal Justice Applicants

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose such as for a job or license, immigration or naturalization matter, security clearance, adoption must provide privacy rights to all applicants.

Police departments must provide privacy rights to all applicants that are being fingerprinted for a noncriminal justice purpose in which the police department will make a determination of approving or denying a benefit, license, or employment based on an applicant's fingerprint-based criminal history record- Police departments must provide the privacy rights to all applicant's that are being fingerprinted outside of a criminal investigation such as for. criminal justice employment, pistol permits, precious metal and stone dealer licenses, pawnbrokers, second hand dealers, fine art secured lenders, coaches for police sponsored activity leagues, and vendors/contractors that must be vetted to perform services for the police department. Written notice must be provided to the applicant that his/her fingerprints will be used to check the criminal history records of the FBI. Written notification includes electronic notification but excludes oral notification.

The department must provide the forms to applicants at any time before they are fingerprinted. These rights can be included with application packet. Applicants do not have to sign an acknowledgement.

To determine if an applicant must be provided with the form, a department must:

1. Be the recipient of the applicant's fingerprint-based criminal history results; and
2. Be responsible for making a determination of some sort such as denial of a license, permit, or employment or a contracted worker who you deny the benefit of working in the police department or on police department grounds based on the applicant's fingerprint-based criminal history results.

A department is not required to provide the form to BOE applicants, town employees, or anyone who is just being fingerprinted by the department and the fingerprint-based criminal history results will not go to the department.

Printed Name

Signature/Date

FBI Privacy Act Statement .

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

Authority: The FBI's acquisition, presentation, 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. 92544, 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 predicted 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, investigation 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 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, contacting 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 _____

Noncriminal Justice Applicant's Privacy Rights

As an applicant to the Plymouth Police Department who is the subject of a national fingerprint-based criminal history record check for justice purpose such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption, you have certain rights which are discussed below:

Your fingerprints will be used to check the criminal history records of the FBI.

If an FBI criminal history record exists on you, it will be used to make a determination of your suitability for the job, license, or other benefit for which you are applying. You will be notified of said record and you will be afforded the opportunity to complete or challenge the accuracy of the information in your record.

Procedures for obtaining a change, correction, or updating an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section

In accordance with Plymouth Police Department policy, a copy of your FBI criminal history record cannot be provided to you for your review and possible challenge. You may obtain a copy of your fee to the FBI. Information regarding this process may be obtained at: <http://www.fbi.gov/about-us/cjis/background-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the Plymouth Police Department. Alternatively, you may send your challenge directly to the FBI at the same email address provided above. If you choose to send your challenge to the Plymouth Police Department, please submit a letter to the following:

Chief Karen Krasicky
Plymouth Police Department
80 Main Street
Terryville, Connecticut 06786

Please include in your letter a request to verify or correct the specific entry which you are challenging. Please make sure that you also include all of your contact information and that you sign letter.

If you choose to send your challenge to the FBI, the FBI will then forward your challenge to the Plymouth Police Department and will request that our department verify or correct the challenged entry. Upon receipt of an official communication from the Plymouth Police Department, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by

the Plymouth Police Department. (See Title 28, Code of Federal Regulations (CFR), Sections 16.30 through 16.34.)

The job, license, or other benefit for which you are applying will not be denied based on the information in your criminal history record until you have been afforded reasonable time to correct or complete your record, or if you decline to do so. You will have thirty (30) days to correct or complete your record. See 28 CFR 50.120.

Your criminal history record that is received by the Plymouth Police Department will be used only for authorized purposes and will not be retained or disseminated in violation of federal statute, regulation or executive order, or rule, procedure or standard that is established by the National Crime Prevention and Privacy Compact Council. See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

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, Connecticut 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