Milford Police Department 430 Boston Post Road • Milford, Connecticut 06460 MilfordPD.org

60-DAY TEMPORARY STATE PISTOL PERMIT APPLICATION INSTRUCTION SHEET FOR MILFORD, CONNECTICUT RESIDENTS ONLY

Step 1 - To start the application process:

All of the following ORIGINALS must accompany your application (incomplete applications, or applications submitted without the following will not be accepted):	
□ Completed and notarized Pistol Permit/Eligibility Certificate Application DPS-799-C (current version) □ Both privacy statements must be signed	
☐ A Certificate of Competency - You are required to complete a handgun safety course, which must consist of no less than the NRA's "Basic Pistol Course". The NRA's "Home Firearms Safety Course" and "First Steps Pistol Orientation Program" are NOT approved courses.	Ł
 Connecticut Operator's License or State photo Identification with a current, verifiable Milford address State-issued birth certificate with the raised seal or U.S. passport. Foreign-born citizens must provide Naturalization Certificate. Foreign passports are NOT acceptable. 	
☐ Business-size, self-addressed, stamped envelope for the return of the permit to your residence.	
A digital photo will be taken of applicant during submission of application, and copies of the above documents will made by the Licensing Officer. Do <u>NOT</u> make copies or bring your own photographs.	be

Bring all documents to the Milford Police Department, Monday - Friday between the hours of 9:00am – 2:00pm. When you have completed and turned in all documents to the Milford Police Department, you will be given a service code. You will use the service code to pre-enroll with the State Police.

Step 2 - Once your appointment is scheduled:

Pre-enroll with the State Police here using the service code: https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll/

Follow all the instructions on the site to obtain your **Applicant Tracking Number**. Write this number down, as you will need it to get fingerprinted. E-mail the Licensing and Permits Division at <u>license@milfordct.gov</u> and provide your full name, cell phone number, and **Applicant Tracking Number**. You will be sent a reply via email.

- 1) Payment is required at the time of your appointment. Accepted forms of payment are cashier's check, money order or cash. Personal checks are not accepted.
 - Application processing fee \$70.00 payable to the City of Milford
 - Fingerprinting fee \$25.00 payable to the City of Milford.

During your appointment, be prepared to submit ALL the proper paperwork and payments. Failure to do so will result in the CANCELLATION of your appointment, and a new appointment will be made. The Milford Police Department does not accept or process applications that are incomplete or received through the mail.

For information regarding State of Connecticut Gun/Ammunition Laws, please visit the State Police website at https://portal.ct.gov/DESPP or contact the Firearms Unit at (860) 685-8290.



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.							
	ype of Permit Requested:						
Check Box:	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 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.). 	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 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				
Race White American Indian/Alaskan Native Asian/Pacific Islander Brown Black Blonde Re Black Unknown/Other Gray White Bald Place of Birth Social Security Number (Optional, but will he				
City/Town State prevent misidentification)	eip —			
Country of Citizenship Alien Reg. Number (If applicable)				
Residential Address (List street address. Post office box numbers are not acceptable) Number/Street Millford 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 Namiling Address (If different from current residential address above) State Zip Code				
Home Telephone Number (_			
Employment History:				
List Employers for the Last 7 Years (Provide employer's name, address and telephone number) (Attach additional sheet(s), if necessary) 1				
2Permit or Eligibility Certificate History:				
Have you had a firearms permit, permit application or eligibility certificate of any kind from ANY jurisdiction in t United States denied, suspended or revoked? NO YES If "YES," provide:	he			
1. Identify the jurisdiction which issued the denial, suspension or revocation:				
 Date of denial, suspension or revocation: The reason for the denial, suspension, or revocation: 				

Medical History:
medical filstory.
Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court? NO TES 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 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?
Militan, Listan,
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

Proof of Training:				
			leted a course in the safety and use of pistols and ertificate you are requesting), signed by the instructor	
☐ National Rifle Association ☐ Department of Energy and Envi ☐ Other:		(DEEP)		
State Instructor's Name and ID Nu	mber:			
	Dec	laration:		
servant in the performance of his or lathat any statement in this application such application. If approved before	her official function, is p that is determined to be the facts are known, su	unishable by e false or ina ıch approval	e true and which is intended to mislead a public law (See CGS § 53a-157b). I further understand accurate shall constitute grounds for the denial of shall be void if based on a false or inaccurate and to the truth of all information supplied on this	
I declare, under the penalties of false	e statement, that the an	swers to the	above are true and correct	
, account, account personal contract	,			
Date	Signed			
STATE OF				
COUNTY OF	Print Name			
Subscribed and sworn to before me this day of 20			20	
		me:		
		tary Public Commission	Evniron	
	•		Expires: Superior Court	
	30		Cuponor Court	
	NOTICE: Appeal	Process for	or Permits	
Board of Firearm Permit Examine OR (860) 256-2947, in writing, wi	for pistol permit or eliers, at 20 Trinity St., 5 thin ninety (90) days,	gibility certi th Floor, Ha in order to	ficate is denied or revoked, you may notify the rtford, CT 06106. Telephone: (860)256-2977 begin your appeal process. At a hearing sidered or that your permit or eligibility	
continuate be remistated.				
Augliertieu Bereit		ial Use Only:		
Application Received:	FBI Sent: No	∐Yes	Application Status:	
	FBI Reply: No	∐Yes	Approved Denied	
Month/Day/Year	ICE Response: No	∐Yes		
-	DMHAS: No	∐Yes □Yes	(Signature and title of issuing authority)	

Number :

Requesting Entity: Milford Police Department, 430 Boston Post Rd, Milford, CT 06460

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: Milford Police Department, 430 Boston Post Rd, Milford, CT 06460

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

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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).