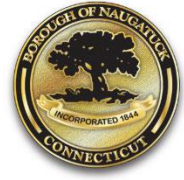




Naugatuck Police Department

211 Spring St., Naugatuck, CT 06770



TEMPORARY STATE GUN PERMIT **APPLICATION**

Applicants must be at least twenty-one (21) years old and cannot have any felony convictions.

TEMPORARY STATE PERMIT IS ONLY VALID FOR SIXTY (60) DAYS

Please follow these below instructions for obtaining a temporary CT state gun permit:

1. Complete the "Pre-Enrollment" registration for fingerprints on the State website and bring your **PRINTED** "Applicant Tracking Number" with you when having your fingerprints taken. Your "Applicant Tracking Number" can be obtained by following the directions on the "CT Criminal History Request System Fingerprint Service Code Form" contained within this packet. A user manual for completing pre-enrollment is also contained at the end of this packet if you experience any difficulties with this step or you can contact CT State Police Bureau of Identification at (860) 685-8480.
2. Fingerprints will be taken by Biometric Identification Services on the 2nd and 4th Tuesday of each month from 3:00 p.m. to 6:00 p.m. in the Naugatuck Police Department front lobby on a first come basis. The fee for fingerprints is \$30.00 payable to Biometric Identification Services. Fingerprints must be paid by cash, bank check, money order or business check at the time of fingerprinting. Credit cards and personal checks **WILL NOT** be accepted.

Pistol Permit application packets **WILL NOT** be accepted during fingerprinting hours
3. Fill out pistol permit application completely, clearly and have it **NOTARIZED**. Attach a **COPY** of your birth certificate or passport and a **COPY** of your Firearm Safety & Use course certificate. Please write in your email address on page 2 of your application. Include a **COPY** of a Connecticut Driver's License or Identification Card listing a Naugatuck residence as proof of residency. Also, include a **COPY** of your discharge paperwork from the U.S. Military (DD-214) if applicable. Naturalized citizens will need to bring their naturalization papers.
4. The above Pistol Permit Application packet must include a **Bank Check or Money Order** for \$70.00 payable to "Borough of Naugatuck".

Personal checks will NOT be accepted and your signature & address must appear on the front of the check***

5. Completed Pistol Permit Application packets, payment, and fingerprint cards may be turned into the Naugatuck Police Department Records Department window daily, Monday through Friday from 8:00 a.m. until 3:00 p.m. No appointments are necessary to turn in applications. Any incomplete or illegible applications, or applications missing documentation will be returned to owner.

*** The Records Department is closed during Holidays and severe weather. ***

6. You will receive notice that your temporary permit is ready for pickup by email. If you are denied you will receive a certified letter in the mail explaining the reason for the denial.
7. Issuance of a Five-Year Permit: Within sixty (60) days of issuance of your temporary permit, you must go to Department of Public Safety Special Licensing Firearm Unit 1111 Country Club Road Middletown, CT 06457 to obtain your five-year permit.
8. If you have any questions, please contact Biometric Identification Services at 860-345-2331 or 1-888-436-8778, or Training Officer Matthew DaSilva at 203-720-2598 or by email Mdasilva@naugatuckpd.org.



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; andProof 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.); andProof 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>**CALL DESPP FOR PACKET** <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.); andProof of valid state issued photo identification card. <p>Out of State Pistol Permit Information: State of Issue: _____ Expiration Date: _____ 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.); andProof 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.

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

Contact / Identifying Information:

Name of Applicant

<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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

Month/Day/Year

Sex

☐ F ☐ M ☐ X

Height

☐ Ft. ☐ In.

Weight

☐ Lbs.

Eye Color

☐ Brown ☐ Blue ☐ Black
☐ Green ☐ Gray ☐ Hazel

Race

☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander
☐ Black ☐ Unknown ☐ Other

Hair Color

☐ Brown ☐ Black ☐ Blonde ☐ Red
☐ Gray ☐ White ☐ Bald

Place of Birth

City/Town State

Social Security Number (Optional, but will help 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. _____
2. _____

Mailing Address (If different from current residential address above)

Number/Street

City/Town State Zip Code

Home Telephone Number

(☐☐☐) ☐☐☐-☐☐☐☐

Alternate Telephone Number

(☐☐☐) ☐☐☐-☐☐☐☐

Motor Vehicle Operator's License Number

State of Issue

***E-Mail Address:** _____

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: _____

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

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 C.G.S. § 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 _____

Print Name _____

COUNTY OF _____

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 Firearms Permit Examiners, at 165 Capitol 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)

Requesting Entity: Naugatuck Police Department

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
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This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: Naugatuck Police Department

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).

Connecticut Criminal History Request System Fingerprint Service Code Form

Service Name: Pistol Permit

To register for your fingerprints to be taken, please visit
<https://ct.flexcheck.us.idemia.io/cchrspreenroll> and enter the following
 Service Code:

E10D-6BBD

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

- After entering the Service Code, confirm the Fingerprint Reason by selecting the “Yes – This information looks Correct” option.
- Complete the Pre-Enrollment information as completely as possible. All fields in bold font/blue highlight are mandatory to move forward with the process. After filling out all applicable fields, move to the next section by selecting the “Submit Pre-Enrollment” button at the bottom of the screen. Please reference the Pre-Enrollment User Manual for further details.
- After completing the pre-enrollment steps, a confirmation screen will appear confirming registration is complete, including your Applicant Tracking Number. This confirmation will also be sent to the e-mail address you provided during registration. The Tracking Number will need to be **PRINTED** and turned in with your pistol permit application along with your fingerprint card.

The Naugatuck Police Department **CANNOT** accept pistol permit submissions without your printed Applicant Tracking Number as exemplified below.



Connecticut Criminal History Request System PreEnrollment



Print

SUCCESS. Your Pre-Enrollment has been submitted.

You will receive an email from the CCHRS system that provides you with your Applicant Tracking Number below. You will need this information at the time fingerprints are taken.

NOTE: Results (PDF Documents) may not be viewable on all devices. For best results, use a desktop or laptop.

Applicant Tracking Number: 21T0001085

BEAR, TEDDY RAWR
DOB: 12/25/1950

It is required to have the applicant tracking number (above) at the time of fingerprinting.
Document ID: 10001085 06/15/2021 10:00



STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF STATE POLICE Bureau of Identification



06/15/2021

Please present the Applicant Tracking Number below at the fingerprint location. It will identify both the reason for your fingerprint request and the agency or entity receiving the results. You must provide this number in order to be fingerprinted. Please also bring a government issued form of identification.

Applicant Tracking Number: [REDACTED]



User Manual

PreEnrollment for Fingerprint-based Criminal History Check

CCHRS Web Portal

Connecticut Criminal History Records Search



PREPARED BY
TAILORED SOLUTIONS CORPORATION
WWW.FORSE.COM


Introduction

This document provides information for users of the CCHRS Web Portal who want to be pre-enrolled for a fingerprint-based background check.


The Connecticut Criminal History Records Search (CCHRS) provides the public, authorized agencies, and authorized users with access to fingerprint-based and name-based background checks.

Getting Started

Go to <https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll>



Connecticut Criminal History Request System
PreEnrollment



Welcome to the Connecticut Criminal History Record System (CCHRS)! Your use of this site implies that you are acknowledging that you are submitting a pre-enrollment request for a fingerprint-based criminal history check for an authorized recipient within the State of Connecticut.

NOTE: Results (PDF Documents) may not be viewable on all devices. For best results, use a desktop or laptop.

Pre Enrollment

The agency (or entity) that is asking you to be fingerprinted should have given you a 'Service Code.'
Please enter that code here:



-

Submit Service Code

NOTE: If you have a CCHRS account, you can sign in [here](#).

Enter your two-part code into the Service Code boxes, then Click “Submit Service Code.” This code should have been provided to you by the entity or agency that is asking you to be fingerprinted.

You’ll see a confirmation screen.



Connecticut Criminal History Request System

PreEnrollment

Please confirm the below information is correct.

Information for Service Code

A2A8-48B3

Agency: SPBI CT0000001

Agency ID: CT0000001

Applicant Type: Letter of Good Conduct

Does the above look correct?

Click the “NO – Let me try again” button if you’ve made a mistake entering the code. Click the “YES – This information looks Correct” button if you’ve entered the correct code and want to continue.

Entering Your Information

You'll enter your contact information and some demographic information on this form, then click the Submit button to submit the information. All mandatory fields are blue and have bolded headings with an asterisk (*).

Connecticut Criminal History Request System
PreEnrollment
(Auto-save)
SPBI
Letter of Good Conduct

Last Name* [Text Field]
First Name* [Text Field]
Middle Name [Text Field]
Suffix [Dropdown]
DOB* [Text Field]
SSN [Text Field]
Sex* [Dropdown]
Race* [Dropdown]
Hispanic ☐ Hispanic Indicator
Height (58": 5 foot 8")* [Text Field]
Weight* [Text Field]
Eye Color* [Dropdown]
Hair Color* [Dropdown]
Place of Birth* [Text Field]
Country of Citizenship [Dropdown]
Miscellaneous Identifying Number (MNU) [Text Field] **Number** [Text Field]
Select Code [Dropdown]
Email:
Email Address* [Text Field]
Email Confirmation* [Text Field]
Letter of Good Conduct:
Reason* [Dropdown]
Country* [Dropdown]
Residence:
House Number [Text Field]
Street Name [Text Field]
Street Type [Text Field]
Street Directional [Text Field]
Apt Number [Text Field]
City [Text Field]
Country [Dropdown]
US State [Dropdown]
Zip/Postal Code [Text Field]
Zip Extended [Text Field]
Employer:
Occupation [Text Field]
Employer Name [Text Field]
Employer Street Address [Text Field]
Employer City [Text Field]
Employer State [Dropdown]
Employer Zip/Postal Code [Text Field]
Aliases (Up to 10):

Last	First	Middle	Suffix
1. [Text Field]	[Text Field]	[Text Field]	[Dropdown]
2. [Text Field]	[Text Field]	[Text Field]	[Dropdown]
3. [Text Field]	[Text Field]	[Text Field]	[Dropdown]

Scars, Marks, Tattoos (Up to 10):

Code	Description (Alpha & spaces only)	Location (Alpha & spaces only)
1. [Text Field]	[Text Field]	[Text Field]
2. [Text Field]	[Text Field]	[Text Field]
3. [Text Field]	[Text Field]	[Text Field]
4. [Text Field]	[Text Field]	[Text Field]
5. [Text Field]	[Text Field]	[Text Field]
6. [Text Field]	[Text Field]	[Text Field]
7. [Text Field]	[Text Field]	[Text Field]
8. [Text Field]	[Text Field]	[Text Field]
9. [Text Field]	[Text Field]	[Text Field]
10. [Text Field]	[Text Field]	[Text Field]

Local Permit:
Permit From [Dropdown]
Permit Date [Text Field]
Originating Company:
Company Name [Text Field]
Address Street1 [Text Field]
Address Street2 [Text Field]
Address City [Text Field]
Address State [Dropdown]
Address Zip [Text Field]
Emergency Contact:
First Name [Text Field]
Middle Name [Text Field]
Last Name [Text Field]
Suffix [Dropdown]
Phone [Text Field]
Emergency Contact Address:
Address Street1 [Text Field]
Address Street2 [Text Field]
Address City [Text Field]
Address State [Dropdown]
Address Zip [Text Field]
Naturalization:
Location [Text Field]
Date [Text Field]
Previous Conviction:
Ever Convicted [Dropdown]
Conviction Date [Text Field]
Conviction Place [Dropdown]
Conviction Court [Dropdown]
Conviction Offense [Text Field]
Submit Pre-Enrollment

When you finish filling out all the mandatory fields and any optional areas, click the button in the bottom right of the screen.

Submit Pre-Enrollment

The following sections of this document will briefly describe areas of the form.

Name and Demographic Info

Enter your name and demographic information in the first few fields. Most of these fields are required. Certain selections under Place of Birth will cause an additional field to appear (for example US States or Canadian Provinces) and that field is also mandatory.

Last Name*	Bear
First Name*	Teddy
Middle Name	Rawr
Suffix	▼
DOB*	12/25/1950
SSN	123-12-1234
Sex*	MALE ▼
Race*	UNKNOWN ▼
Hispanic	<input type="checkbox"/> Hispanic Indicator
Height (508: 5 foot 8)*	507
Weight*	195
Eye Color*	BROWN ▼
Hair Color*	BROWN ▼
Place of Birth*	United States of America (USA) C/D/T ▼
US State *	Oregon U.S. State ▼
Country of Citizenship	Select Country ▼
Miscellaneous Identifying Number (MNU)	Number
Select Code ▼	

Your country of citizenship is an optional field; select your response from the drop-down menu.

For Miscellaneous Identifying Number, pick a type of number from the drop down, then type the number in the Number field.

Miscellaneous Identifying Number (MNU)	Number
<div> <div>✓ Select Code</div> <div> AF Air Force Serial Number AN Non-Immigration Admission Number AR Alien Registration Number AS National Guard or Air National Guard Serial Number, Army Serial Number BF Bureau Fugitive Index Number CG US Coast Guard Serial Number CI Canadian Social Insurance Number FN Fingerprint Identification Number IO Identification Order Number MC Marine Corps Serial Number MD Mariners Document or Identification Number MP Royal Canadian Mounted Police ID or Fingerprint Sec (FPS) Number NA National Agency Case Number-Military NS Navy Serial Number OA Originating Agency Police or Identification Number PI Personal Identification Number PP Passport Number PS Port Security Card Number SS Selective Service Number VA Veterans Administration Claim Number </div> </div>	

Email

These two fields are mandatory.

Email:	
Email Address*	<input type="text" value="email@site.com"/>
Email Confirmation*	<input type="text" value="email@site.com"/>

Make sure you enter your email address correctly and then type it exactly the same in the Email Confirmation field. This email address will be used to provide you with information about your fingerprint background check, including information regarding a successful pre-enrollment that you will need to provide at the fingerprint session.

Letter of Good Conduct

If the service code you entered indicates you are applying for a Letter of Good Conduct then this section will be visible; it won't be seen by those not applying for the Letter. These fields are mandatory if you are applying for a Letter.

Letter of Good Conduct:	
Reason*	<input type="text" value="Select Reason"/>
Country*	<input type="text" value="United States of America (USA) C/D/T"/>

Select a reason for your Letter from the drop down, and then select what country the Letter is for.

Residence and Employer Information

The fields in these two sections are optional. Certain selections under Country will cause an additional field to appear (for example US States or Canadian Provinces).

Residence:	
House Number	<input type="text" value="1234"/>
Street Name	<input type="text" value="Address Street Name"/>
Street Type	<input type="text" value="Ave, Court, F"/>
Street Directional	<input type="text" value="NW, SW, ..."/>
Apt Number	<input type="text" value="A, 16, ..."/>
City	<input type="text" value="Hartford"/>
Country	<input type="text" value="Select Country"/>
Zip	<input type="text" value="06101"/>
Zip Extended	<input type="text" value="1234"/>
Employer:	
Occupation	<input type="text"/>
Employer Name	<input type="text"/>
Employer Street Address	<input type="text"/>
Employer City	<input type="text"/>
Employer State	<input type="text" value="Select State"/>
Employer Zip	<input type="text"/>

Aliases

You can also optionally add any known aliases, such as your maiden name if your married name is different.

Aliases (Up to 10):				
	Last	First	Middle	Suffix
1.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
2.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
3.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
4.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
5.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
6.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
7.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
8.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
9.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>
10.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value="v"/>

Scars, Marks, and Tattoos

If you have any identifiable scars, marks, or tattoos you use this section to optionally document them.

Scars, Marks, Tattoos (Up to 10):			
Code Lookup	Code	Description (Alphas & spaces only)	Location (Alphas & spaces only)
1. Enter 3 or more characters and matching options will appear	Code	Description	Location
2. Enter 3 or more characters and matching options will appear	Code	Description	Location
3. Enter 3 or more characters and matching options will appear	Code	Description	Location
4. Enter 3 or more characters and matching options will appear	Code	Description	Location
5. Enter 3 or more characters and matching options will appear	Code	Description	Location
6. Enter 3 or more characters and matching options will appear	Code	Description	Location
7. Enter 3 or more characters and matching options will appear	Code	Description	Location
8. Enter 3 or more characters and matching options will appear	Code	Description	Location
9. Enter 3 or more characters and matching options will appear	Code	Description	Location
10. Enter 3 or more characters and matching options will appear	Code	Description	Location

Click into the first field and begin typing a description of the item you are documenting, such as “tatt” for a tattoo. A popup will appear with suggestions. You can scroll through the suggested options to find the best match.

MEDICAL: IMPLANTS (INCLUDING MICRODERMAL, SUBDERMAL, TRANSDERMAL, BRAILLE TATTOO, BODY MONITORING DEVICE) (IMPLANT)

TATTOOS: ABDOMEN (TAT ABDOM)

TATTOOS: ANKLE, NONSPECIFIC (TAT ANKL)

TATTOOS: ARM, NONSPECIFIC (TAT ARM)

TATTOOS: BACK (TAT BACK)

TATTOOS: BREAST, NONSPECIFIC (TAT BREAST)

TATTOOS: BUTTOCKS, NONSPECIFIC (TAT BUTTK)

TATTOOS: CALF, NONSPECIFIC (TAT CALF)

TATTOOS: CHEEK, NONSPECIFIC (TAT CHEEK)

TATTOOS: CHEST (TAT CHEST)

tatt	Code	Description	Location
------	------	-------------	----------

The Code field will be automatically filled in based on what you select for Code Lookup. Use the Description and Location fields to give more information on the item.

Scars, Marks, Tattoos (Up to 10):			
Code Lookup	Code	Description (Alphas & spaces only)	Location (Alphas & spaces only)
1. TATTOOS: BUTTOCKS, NONSPECIFIC (TAT BUTTK)	TAT BUTTK	Butterfly	Left
2. SCARS: CALF, NONSPECIFIC (SC CALF)	SC CALF	6" long	right outside calf below knee

Local Permit

If you have received a local permit and know the number, you can use these options to enter that information.

Local Permit:

Permit From

Permit Date

For Permit From, pick a county from the drop down, then type the permit date in the date field.

✓

ABINGTON
ADDISON
ALLINGTOWN
AMESVILLE
AMSTON
AMSTON LAKE
ANDOVER
ANDOVER CENTER
ANDOVER LAKE
ANSONIA
ASHFORD
ATTAWAUGAN
AVON
BAKERSVILLE
BALLOUVILLE
BALTIC
BANKSVILLE
BANTAM
BARKHAMSTED
BEACON FALLS
BECKLEY
BELLE HAVEN
BELLTOWN
BERLIN
BETHANY
BETHEL
BETHLEHEM
BLACK HALL

▼

Originating Company

You can optionally add information on the company that originated the background check request.

Originating Company:

Company Name

Address Street1

Address Street2

Address City

Address State

Address Zip

Emergency Contact Information

If you want to add an emergency contact, use the following sections to include their name and address information.

Emergency Contact:	
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Suffix	<input type="text" value="v"/>
Phone	<input type="text" value="xxx-xxx-xxxx"/>
Emergency Contact Address:	
Address Street1	<input type="text"/>
Address Street2	<input type="text"/>
Address City	<input type="text"/>
Address State	<input type="text" value="Select State"/>
Address Zip	<input type="text"/>

Naturalization

If you are a naturalized citizen, you can use the following fields to enter that information. Type the location and the date it occurred.

Naturalization:	
Location	<input type="text"/>
Date	<input type="text" value="mm/dd/yyyy"/>

Previous Conviction

If you've been convicted of a previous offense in the State of Connecticut, please enter information in this section.


Previous Conviction:	
Ever Convicted	<input type="text" value="Select Yes/No..."/>
Conviction Date	<input type="text" value="mm/dd/yyyy"/>
Conviction Place	<input type="text" value="Select Place"/>
Conviction Court	<input type="text" value="Select Court"/>
Conviction Offense	<input type="text"/>

Select Yes, No, or Unknown from the Ever Convicted drop down, then enter the conviction date. Select the county and court from the next two drop downs, and type the offense in the final field.


Submitting Your Information

When you click the Submit button you'll see a confirmation screen.

- If your type of PreEnrollment **does not require** you to pay a fee, or is invoiced, please turn to Final Confirmation & Transaction Number on page 12 to see your confirmation screen.
- If your type of PreEnrollment **requires** you to pay a fee you'll see a confirmation screen like the one shown below that shows the total amount due.



Connecticut Criminal History Request System
PreEnrollment



The total charge for submitting your PreEnrollment: \$ 75.00

NOTE: This will take you to a separate site where you can take care of payment.

[**Go Back**](#) [**CONTINUE**](#)

Click the CONTINUE link to go to the external payment processor, or click the Go Back link to make any changes to your PreEnrollment.

Payment

CCHRS uses an external payment processor to take payment. You'll need your credit card information handy to enter it on the screen. The processing screen has fields for entering your name and address information as well as for the credit card number and expiration date.

The screenshot displays the CCHRS payment interface. At the top, the NiC logo is visible. Below it, a progress bar indicates four steps: 1. Payment Type, 2. Customer Info, 3. Payment, and 4. Submit Payment. The main content area is divided into two columns. The left column contains a 'Transaction Detail' table and a 'Payment' section. The right column contains a 'Transaction Summary' table and a 'Need Help?' section.

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1		\$75.00	1	\$75.00
Total				\$75.00

Payment

Payment Type ✓

Credit Card

Customer Information

Country * Complete all required fields [*]

United States ▼

First Name * Last Name *

Transaction Summary

	\$75.00
TOTAL	\$75.00


Need Help?

If you are experiencing issues completing your payment, please contact us at 860-519-0433.

Fill out the screen completely and hit submit.


Final Confirmation & Transaction Number

If your information was submitted successfully you'll see the word "SUCCESS" in red near the top of the screen.



Connecticut Criminal History Request System

PreEnrollment



[Print](#)

SUCCESS. Your Pre-Enrollment has been submitted.

You will receive an email from the CCHRS system that provides you with your Applicant Tracking Number below. You will need this information at the time fingerprints are taken.

NOTE: Results (PDF Documents) may not be viewable on all devices. For best results, use a desktop or laptop.

Applicant Tracking Number: 21T0001085

BEAR, TEDDY RAWR
DOB: 12/25/1950



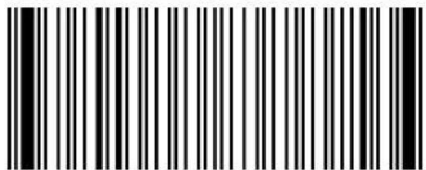
It is required to have the applicant tracking number (above) at the time of fingerprinting.
Submission date/time: 06/15/2021 10:03

[Start a new request](#) || [I am DONE, end this session](#)

If you need to enter an additional subject for PreEnrollment, click "Start a new request" at the bottom of the screen to go back to the screen where you enter the Service Code. If you are done entering subjects, click the "I am DONE, end this session" link.

PreEnrollment Email

An email will be sent to the address you entered on the form containing your tracking number and a bar code for the fingerprint location.

	<p>STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF STATE POLICE Bureau of Identification</p>	
<p>06/15/2021 BEAR TTTTTC TEDDY</p>		
<p>Please present the Applicant Tracking Number below at the fingerprint location. It will identify both the reason for your fingerprint request and the agency or entity receiving the results. You must provide this number in order to be fingerprinted. Please also bring a government issued form of identification.</p>		
<p>Applicant Tracking Number: 21T0001086</p>		
		

You need to print off the email to take with you to the fingerprint location.