



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. Fingerprints will be taken by Biometric Identification Services on Tuesdays 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 \$25.00 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

2. 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.
3. The above Pistol Permit Application packet must also include the following three forms of payment.
 - a. Bring a **Bank Check or Money Order** for \$70.00 payable to "Borough of Naugatuck"
 - b. Bring a **Bank Check or Money Order** for \$13.25 payable to "Treasurer, State of CT"
 - c. Bring a **Bank Check or Money Order** for \$75.00 payable to "Treasurer, State of CT"

*** Personal checks will NOT be accepted & checks must be separate. Your signature & address must appear on the front of each check***

4. 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 9:00 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. ***

5. You will receive notice that your temp 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.
6. 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. ***Check the special licensing and firearms unit website for current COVID protocols. Due to COVID, temporary permits are automatically granted a 150-day extension.
7. 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; and ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.). <p>2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.</p> <p>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</p> <p>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</p> <ul style="list-style-type: none"> ▪ The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority; ▪ A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C); ▪ \$70.00 fee, payable to Treasurer, State of Connecticut; ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and ▪ Proof of valid state issued photo identification card. <p>5. Upon approval, your photograph will be taken at DESPP and you will be issued a state pistol permit.</p>	<p style="text-align: center;">**CALL DESPP FOR PACKET** <i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i></p> <p>Complete this form and submit to DESPP, Division of State Police, pistol permit location along with all of the following:</p> <ul style="list-style-type: none"> ▪ Completed State of CT and Federal fingerprint card with \$75.00 fee and \$13.25 fee, payable to Treasurer, State of Connecticut for criminal history background checks; ▪ Firearms Safety & Use Course Certificate; ▪ \$70.00 fee, payable to Treasurer, State of Connecticut; ▪ Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C); ▪ Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style); ▪ Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction; ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.);and ▪ Proof of valid state issued photo identification card. <p>Out of State Pistol Permit Information: 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.); and ▪ Proof of valid state issued photo identification card. <p>2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.</p> <p>3. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate.</p>

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access www.ct.gov/despp and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290. Note: All payments must be made with separate checks.

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

Contact / Identifying Information:

Name of Applicant

<input type="text"/>	<input type="text"/>
Last	Suffix
<input type="text"/>	<input 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 type="text"/> / <input type="text"/> / <input type="text"/> Month/Day/Year	Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	Height <input type="text"/> Ft. <input type="text"/> In.	Weight <input type="text"/> Lbs.	Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel
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Race <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Hair Color <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Bald
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Place of Birth <input type="text"/> City/Town	Social Security Number (Optional, but will help prevent misidentification) <input type="text"/> - <input type="text"/> - <input type="text"/>
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Country of Citizenship <input type="text"/>	Alien Reg. Number (If applicable) <input type="text"/>
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Residential Address (List street address. Post office box numbers are not acceptable)

Number/Street

-

City/Town State Zip Code

List Residential Addresses for the Last 7 Years (Attach additional sheet(s), if necessary)
**Any subsequent changes of address must be reported within 48 hours to the Special Licensing and Firearms Unit*

1. _____

2. _____

Mailing Address (If different from current residential address above)

Number/Street

-

City/Town State Zip Code

Home Telephone Number (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Area Code	Motor Vehicle Operator's License Number <input type="text"/>
Alternate Telephone Number (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Area Code	<input type="text"/> State of Issue

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 _____

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 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)

Noncriminal Justice Applicant's Privacy Rights

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

If you need additional information or assistance, please contact:

<p>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</p>	<p>Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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Applicant Signature: _____ **Date:** _____

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).

Agency Privacy Requirements 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 employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided 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), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.²
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot 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

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

If you need additional information or assistance, contact:

<p>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</p>	<p>Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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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), 50.12(b) and 906.2(d).

FBI Privacy Act Statement

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

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

Applicant Signature: _____ Date: _____