### **INSTRUCTIONS TO ALL APPLICANTS**

- 1. Carefully read and complete all attached documents. Please print legibly and use **BLUE** ink.
- 2. Make sure documents are NOTARIZED
- 3. You **MUST** schedule an appointment with the New Haven Police Department Firearms Unit to submit all documents and complete a brief interview. Appointments are scheduled through the following link:

https://outlook.office365.com/owa/calendar/newhavenpolicefirearm sappointmentrequest@newhavenct.onmicrosoft.com/bookings/

You may also scan the QR code below:



4. Upon submission of your application in person, you will then receive a pre-enrollment form to begin the fingerprint supported search process. Please **DO NOT** complete your fingerprints or utilize a pre-enrollment access code prior to signing the FBI Privacy Act or submitting your application to the New Haven Police Department Firearms Unit. This will cause your fingerprint results to be invalid.

Note: All incomplete applications will <u>NOT</u> be accepted. Please utilize the provided checklist to ensure that all required items are completed in full. Please be sure to verify that <u>PHOTOCOPIES</u> of the required checklist items are included.

Feel free to contact this office with any questions. 203-946-6304 Ext. 1312 or Email: NHPDFirearms@NewHavenCT.Gov.

Karl Jacobson *Chief of Police* 



Justin Elicker Mayor

### CITY OF NEW HAVEN DEPARTMENT OF POLICE SERVICE

ONE UNION AVENUE | NEW HAVEN, CONN. | 06519

(203) 946-6333

newhavenct.gov

### Attention

Effective July 26, 2021 State of Connecticut Pistol Permit Fees

#### (No Cash or Personal Checks. No refunds during or after the Application Process)

1) Local Authority (New Haven Police Department) Fee: \$70.00 (Must be a Money Order)
\*\*\*Made Payable To: "City of New Haven" This application processing fee is non-refundable once
your application has been submitted.

After qualifying for and receiving a State of Connecticut 60-Day Temporary Pistol Permit from the Local Authority:

2) DESPP (Department of Emergency Services and Public Protection) Pistol Permit Fee: \$70.00 (Money Order, exact cash, credit or debit are accepted.)
 -Money Orders are made payable to: "Treasurer, State of CT"



Justin Elicker Mayor

## CITY OF NEW HAVEN DEPARTMENT OF POLICE SERVICE

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#### WHO IS ALLOWED TO OBTAIN A CONNECTICUT PISTOL PERMIT?

I UNDERSTAND THAT UNDER SECTION 29-28, CGS, CERTAIN CONVICTIONS AND OTHER EVENTS PROHIBIT THE ISSUANCE OF A PERMIT TO CARRY PISTOL AND REVOLVERS. THE FOLLOWING IS LIST OF THESE CONVICTIONS AND OTHER EVENTS.

- 1. Failure to complete a course prescribed by the Commissioner of Public Safety in the Safety and use of Pistol and Revolvers.
- 2. Felony Conviction
- 3. <u>Misdemeanor Conviction Automatic Disqualifiers</u>

Has been convicted of a felony or of the following misdemeanor charges during the preceding twenty years:

- 1. Criminally Negligent Homicide
- 2. Assault in the Third Degree
- 3. Assault on Elderly
- 4. Threatening in the Second Degree
- 5. Reckless Endangerment in the First Degree
- 6. Unlawful Restraint in the Second Degree
- 7. Riot in the First Degree
- 8. Riot in the Second Degree
- 9. Inciting a Riot
- 10. Stalking in the Second Degree

A conviction of 21a-279a (Possession of a Controlled Substance) will be an automatic disqualifier **ONLY** if the date of that conviction is <u>on</u> <u>or after October 1, 2015</u>.

- 4. Has been discharged from custody within the preceding 20 years after having been found not guilty of a crime by reason of mental disease or defect pursuant to Section 53a-13.
- 5. Has been confined in a hospital for mental illness as defined in section 17a-495, within the preceding 60 months by order of Probate Court.
- Subject to a Restraining Order or Protective Order issued by a court in a case involving the use, attempted use or threaten use of a physical force on another person. Subject to a Risk Protection Order.
- 7. Is an alien illegally or unlawfully in the United States.

POLICING WITH HEART

Karl Jacobson Chief of Police



Justin Elicker Mayor

# CITY OF NEW HAVEN DEPARTMENT OF POLICE SERVICE

ONE UNION AVENUE | NEW HAVEN, CONN. | 06519

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#### AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

, ì	hereby authori	zes a review and	full disclosure of	all records.
concerning myself, to any agent of the New hese records are of public, private or confi	w Haven Polic	e Department of l		
Records of complaints arrests and/or convideraffic records, and probation records.	ctions for alleg	ged or actual viola	ation of the law, i	ncluding criminal,
It is the intent of this authorization to provi which may provide data for the New Have for a pistol permit.				
understand that what the New Haven Depwill be considered in determining the suitable fully understand the refusal to grant this a Haven Department of Police Service to contact the suitable fully understand the refusal to grant this and the suitable fully understand the refusal to grant this area.	bility for a pistauthorization v	tol permit. I had the vill make it impos	his explained to n	ne and
A photocopy of this release will be valid as an original signature.	s an original, e	even though the p	hotocopy does no	t contain
DateSignatu	ure		8	
Address				
Subscribed and sworn to before me this		day of	.21	0

Notary Public, Justice of the Peace

POLICING WITH HEART



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 sugg		
to firearms. These can be accessed on the		gh your local library.
	ype of Permit Requested:	
Check Box:  Go Day Temporary State Pistol Permit  Non-Resident State Pistol Permit  Eligibility Certificate to Purchase Pistols or Re Eligibility Certificate to Purchase Long Guns	evolvers	
	Instructions:	
Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:
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:	**EMAIL DESPP FOR PACKET** <u>SLFU.OOS@CT.GOV</u> You must hold a valid permit or license to carry a pistol or revolver	**EMAIL DESPP FOR PACKET**  SLFU.OOS@CT.GOV  You must be 21 years of age to obtain a Pistol Eligibility Certificate.
<ul> <li>Firearms Safety &amp; Use Course Certificate;</li> <li>\$70.00 fee, payable to the local authority; and</li> <li>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.).</li> </ul>	issued by a recognized United States jurisdiction.	You must be 18 years of age to obtain a Long Gun Eligibility Certificate.
Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints.		
Upon approval, the local authority will issue a     Temporary State Permit to Carry Pistols and     Revolvers (DPS-11-C), effective for 60 days.		
Within the 60 day period, go to a DESPP,     Division of State Police, pistol permit location and submit the following:		
<ul> <li>The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority;</li> <li>A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C);</li> <li>\$70.00 fee, payable to Treasurer, State of Connecticut;</li> <li>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</li> <li>Proof of valid state issued photo identification card.</li> </ul>		
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 <a href="https://www.ct.gov/despp">www.ct.gov/despp</a> 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					
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					
Date of Birth  Sex Height Ft.  Month/Day/Year  Height Ft.  Unknown/Non-binary  Height Ft.  In.  Weight Ft.  Green  Gray  Hazel					
Race WhiteAmerican Indian/Alaskan NativeAsian/Pacific IslanderBrownBlackBlondeRecBlackUnknown/OtherBrownBlackBlondeRecBlackBlondeRecBlackBlad					
Place of Birth  Social Security Number (Optional, but will he prevent misidentification)  City/Town					
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 (					
Area Code Alternate Telephone Number (					
Area Code					
Employment History:  List Employers and Occupation for the Last 7 Years (Provide employer's name, address and telephone number)					
(Attach additional sheet(s), if necessary)  1/ Occupation:					
2. / Occupation:					
Permit or Eligibility Certificate History:  Have you had a firearms permit, permit application or eligibility certificate of any kind from <u>ANY</u> jurisdiction in the					
United States denied, suspended or revoked? NO YES  If "YES," provide:					
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:					

**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 TYES 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 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

Proof of Training:					
revolvers or long guns (as appropriate	e, depending upo	on which permit or ce	eted a course in the safety and use of pistols and ertificate you are requesting), signed by the instructor or the additional training is also included.		
☐ National Rifle Association ☐ Department of Energy and Envir ☐ Other:					
State Instructor's Name and ID Nu	mber:				
		D-1			
servant in the performance of his or hat any statement in this application such application. If approved before	ner official function that is determine the facts are kno	on, is punishable by ed to be false or ina own, such approval	true and which is intended to mislead a public law (See CGS § 53a-157b). I further understand ccurate shall constitute grounds for the denial of shall be void if based on a false or inaccurate ad to the truth of all information supplied on this		
I declare, under the penalties of false	statement, that	the answers to the	above are true and correct.		
Date	Sign	ed			
STATE OF					
COUNTY OF	Print –	Name			
Subscribed and sworn to before	me thisd	ay of	20		
		Name: Notary Public My Commission I Commissioner of			
	NOTICE: A	ppeal Process for	or Permits		
Board of Firearm Permit Examine 2977 OR (860) 256-2947, in writing	ers, at 165 Capi ng, within ninet	itol Ave, Suite 107 y (90) days, in ord	ficate is denied or revoked, you may notify the 0, Hartford, CT 06106. Telephone: (860) 256-er to begin your appeal process. At a hearing sidered or that your permit or eligibility		
Alternative and a second second second	Charles View F	or Official Use Only:			
Application Received:	FBI Sent:	□No □Yes	Application Status:		
Month/Day/Year	FBI Reply: ICE Response: DMHAS: SPBI:	No Yes No Yes No Yes No Yes No Yes	Approved Denied		
	Number:	☐140 ☐162	(Signature and title of issuing authority)		

#### Noncriminal Justice Applicant's Privacy Rights

Requesting Entity:	New Haven Police Department	
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As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. 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. <sup>2</sup>
- 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.<sup>3</sup>

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		-
SIGNATURE			DATE		
			L.		

This document must be retained by the Entity.

<sup>&</sup>lt;sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>&</sup>lt;sup>2</sup> See https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

<sup>&</sup>lt;sup>3</sup> 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).

Requesting Entity:	New Haven 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	

This document must be retained by the Entity.

### **New Haven Pistol Permit Application Checklist**

(Please remove from packet and verify that all items are completed)

- Money order for \$70.00 made payable to: "The City of New Haven".
- Copy of NRA certificate (Effective July 1<sup>st</sup> 2024, all NRA certificates will have a two-year expiration.)
- Copy of one of the following: Birth Certificate, U.S.
   Passport, or Certificate of Naturalization.
- If presenting a copy of Permanent Resident Card, you must include a copy of a non-U.S. Passport or Birth Certificate that displays your current legal name.
- Copy of Connecticut Driver's License or State of
  Connecticut Identification Card. (Must display a New
  Haven Address.) If not, be sure to include proof of address
  change to the City of New Haven through DMV records.
- Pistol Permit Application DPS-799-C (Page 4 of 4 is to be notarized)
- Notarized "Authorization for the Release of Personal Information" page.
- Signed FBI Privacy Act (2 Pages)
- Copy of DD214 Military Discharge (If Applicable)