

Jorge O. Elorza
Mayor

Steven M. Pare
Commissioner

Hugh T. Clements Jr.
Chief of Police



Providence Police Department
325 Washington Street
Providence, Rhode Island 02903

"Building Pride in Providence"

INSTRUCTIONS FOR APPLICATION FOR LICENSE TO CARRY
A CONCEALED PISTOL OR REVOLVER

No applications will be considered unless the following have been completed:

- * This official application form must be filled out completely by the applicant. Please print or type the application or IT WILL BE RETURNED.
- * The application must be signed by a Notary Public prior to being submitted.
- * Enclose two (2) (1"X 1") pictures of the applicant, taken without head gear or glasses. This photo must be a clear picture of the head and face. Please PRINT applicant's name on the back of each picture. NO LAMINATED PHOTOS WILL BE ACCEPTED.
- * Proof of qualification before a certified weapons instructor, ie., NRA Instructor or Police Range Instructor must be supplied, along with a copy of the instructor's NRZ/FBI firearms instructors certification.
- * Two types of positive identification must be submitted, photocopied, signed and dated by a Notary Public, attesting to true copies.
- * All NON-RESIDENT APPLICANTS must include a copy of their home state permit.
- * All new applicants must include a full set of fingerprints to be submitted on FBI FINGERPRINT APPLICATION CARD (FD-258 (Rev. 12-29-82)) included with the application. Fingerprint card must be signed by applicant. FINGERPRINT CARD IS NOT REQUIRED FOR A RENEWAL APPLICATION.
- * If the permit is to be issued for employment, a typed letter of explanation must be submitted by your employer on your employer's letterhead and included with the application.
- * A letter must be submitted by all applicants stating a good or proper reason why a permit should be issued and why the applicant is a suitable person to be licensed. Included in this letter must be a detailed explanation as to how the applicant plans to properly secure his or her firearm so that it does not fall into unauthorized hands. All letters must be original and dated. The City of Providence will not accept a photocopy of any letter or signature.
- * A letter of recommendation by all three references must be submitted by all applicants stating a good or proper reason why a permit should be issued and why the applicant is a suitable person to be licensed. Included in this letter must be the length of time the reference has known the applicant and an explanation as to the nature of the relationship. All letters must be original, signed and dated. The City of Providence will not accept a photocopy of any letter or signature.

* A \$250.00 CHECK or MONEY ORDER payable to the City of Providence must be presented when receiving your permit. **DO NOT SEND A CHECK OR MONEY ORDER WITH YOUR APPLICATION.**

ONCE APPLICATION IS COMPLETED, PLEASE RETURN IT TO THE PROVIDENCE POLICE PUBLIC SAFETY COMPLEX AND LEAVE IT WITH A CLERK AT THE FRONT DESK.

* Applicant will be notified by mail of approval or denial of permit. Telephone inquiries will not be accepted. If approved, the applicant must appear in person to pick up permit. The application, fingerprint card and photographs become a part of the records of the City of Providence and will not be returned.

* All permits will expire four (4) years from the date of issuance. Also, the renewal of your permit is your obligation. No notification of expiration of the permit will be sent to you. Allow at least 90 days for the processing of your application due to the fact that the City of Providence is dependent on other agencies for information necessary to complete the application.

CITY OF PROVIDENCE

APPLICATION FOR LICENSE TO CARRY A CONCEALED WEAPON PURSUANT TO
R.I.G.L. 11-47-11

DATE _____ PERMIT NUMBER: _____

NAME: _____
 First Middle Last

ADDRESS: _____
 Street Name and Number (Post Office Box NOT ACCEPTED)

 City or Town State and Zip Code

TELEPHONE NUMBER: _____
 Home Business Cell

SOCIAL SECURITY NUMBER: _____ OCCUPATION: _____

EMPLOYER: _____

Employer Address City/Town State and Zip Code

DETAIL JOB
DESCRIPTION: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ HOW LONG? _____
(If you are not a citizen of the United States, a copy of both sides of your alien registration card must be included with this application.)

LIST OF ALL PRIOR ADDRESSES FOR THE PAST THREE YEARS INCLUDING
DATES _____

HAVE YOU EVER BEEN ARRESTED OR HAD A RESTRAINING ORDER OR NO CONTACT ORDER
EVER ISSUED AGAINST YOU? _____ IF SO,
GIVE DETAILS _____

HAVE YOU EVER BEEN UNDER GUARDIANSHIP OR CONFINED OR TRATED FOR MENTAL
ILLNESS? _____

IF SO, GIVE DETAILS _____

HAVE YOU EVER PLEAD NOLO CONTENDERE TO ANY CHARGE OR VIOLATION? _____

IF SO, GIVE DETAILS _____

ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR? _____

IF SO, GIVE DETAILS AND DATES _____

HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM THE ATTORNEY GENERAL OR LOCAL CITY OR TOWN IN RHODE ISLAND? _____

IF SO, IDENTIFY AGENCY WHERE APPLICATION WAS FILED: _____

IF SO, IS PERMIT CURRENTLY: _____

ACTIVE EXPIRED DENIED REVOKED

(If you hold an expired permit, enclose a photocopy, notary signed and dated, attesting that the copies are true)

HAVE YOU EVER APPLIED FOR A PISTOL PERMIT TO CARRY A HANDGUN IN ANOTHER STATE? _____

IF SO, LIST CITY AND STATE _____

WERE YOU DENIED? _____

IF SO, GIVE DETAILS _____

SEND A PHOTOCOPY OF OUT OF STATE PERMIT

HAVE YOU EVER HAD A LEGAL NAME CHANGE? _____

IF YES, LIST ALL FORMER NAMES _____

LIST ANY NICKNAMES OR

ALIASES _____

APPLICANT: ON A SEPARATE SHEET OF PAPER OR OFFICIAL LETTERHEAD, **TYPE** DETAILS AND SPECIFIC REASONS WHY YOU FEEL YOU SHOULD BE ISSUED A CONCEALED WEAPON PERMIT BY THE CITY OF PROVIDENCE AND WHY YOU ARE A SUTIABLE PERSON TO BE SO LICENSED (ONLY TYPED LETTERS WILL BE ACCEPTED).

TWO (2) TYPES OF POSITIVE IDENTIFICATION MUST BE SUBMITTED.

EXAMPLES: Birth Certificate, Rhode Island or other State Drivers License, Rhode Island Identification Card, Passport, etc.

A PHOTOCOPY OF ANY TWO OF THE ABOVE MUST BE SIGNED AND DATED BY A NOTARY PUBLIC, ATTESTING AS BEING TRUE COPIES WILL BE ACCEPTED.

LIST THREE (3) REFERENCES:

Address/City/State/Zip	Telephone	Years Known	Name
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Name	Address/City/State/Zip	Telephone	Years Known
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Name	Address/City/State/Zip	Telephone	Years Known
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NOTE: THE RHODE ISLAND COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY. ALL OTHER MUST QUALIFY IN ACCORDANCE WITH R.I.G.L. 44-47-15.

WEAPON QUALIFICATION SCORE: CALIBER OF WEAPON: _____

ARMY-L SCORE

RHODE ISLAND COMBAT SCORE

SIGNATURE OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER

N.R.A NUMBER OR POLICE DEPARTMENT NAME

I CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH THE PROVISIONS OF 11-47-1 TO 11-47-62, INCLUSIVE, OF THE GENERAL LAWS OF THE STATE OF RHODE ISLAND, 1956, AS AMENDED, AS WELL AS ALL FEDERAL STATUTES PERTAINING TO FIREARMS AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATIONS OF THE PROVISIONS OF THE CITED SECTIONS. I FURTHER UNDERSTAND THAT ANY ALTERATION OF THIS PERMIT IS JUST CAUSE FOR REVOCATION. THE CALIBER OF THE FIREARM THAT IS CARRIED MAY NOT EXCEED THE CALIBER LISTED ON THE PERMIT.

Applicant's Signature

BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN BEFORE ME IN _____, RHODE ISLAND,
THIS _____ DAY OF _____, 20_____.

Notary Public Signature

Notary Public (Name Printed)

MY COMMISSION EXPIRES ON _____
Month Year State