



Fairfield Police Department

100 Reef Road, Fairfield, CT 06824

60 Day Temporary Pistol Permit Applicant Instruction Sheet

Only Fairfield & Southport residents (21 years & older) may submit an application in Fairfield.

To Apply:

Make a Fingerprint Appointment

You must schedule an appointment online only at www.fpdct.com/fingerprints

After you schedule your Fingerprint appointment you, MUST TAKE ACTION & follow the instructions provided in the fingerprint appointment confirmation email you receive. You must follow the instructions in the email, including completing a pre-enrollment, prior to your arrival for your fingerprint appointment.

The list below is what you must bring to your fingerprint appointment:

Confirmation of pre-enrollment (confirmation number-printed or saved to view on your phone)

FBI Privacy Act Statement & Applicant's Privacy Rights Forms (both forms signed & dated)

Completed and Notarized Application (DPS-799-C form)

This application must be notarized, with the signature completed in the physical presence of the notary. Online notaries are not accepted.

Pistol Permit Safety Class CT State Certificate of Completion (Page 8)

(Signed by applicant and instructor)

Proof of your date and place of birth (Valid U.S. Passport is preferred. If not, an Original/Certified

Birth Certificate or Naturalization certificate with a raised seal. Your original document is returned to you before you leave. If you are Not a U.S. citizen, a Permanent Resident Card is acceptable, if you do not have one, email ahead of time for further instructions)

Valid Driver's License or State issued photo ID. (If you do not have either issued from CT, you need to email ahead of time to make arrangements of an alternative)

Proof of Fairfield/Southport Residency - You must provide 2 (two) documents. (examples: a recent Electric, Water or Cable Bill or bank/credit card statement)

Payment: (Family members must each have their own payment)

Money Orders or Certified Bank Checks Only!

\$70.00 Payable to: Fairfield Police Department (Fairfield Fee)

(Hint: most local pharmacies and food stores sell money orders for about \$1. each)

If you do not have Everything required listed above when you arrive for your appointment you will be not be fingerprinted or be able to submit your application. You will need to make a new appointment.

The Application Review period to determine approval/denial is about 8 weeks and response arrives via U.S. Mail.

Contact/Inquiries: fingerprinting@fairfieldct.org or 203-254-4840 Option #2.

Please provide a contact phone number when sending emails. Emails receive a timelier response.

The Fairfield Police Department remains dedicated to maintaining a safe community, protecting life and property, reducing crime and the fear of crime and to performing its function in a manner which promotes public trust and confidence. The Department strives to achieve its mission through the core values of Professionalism, Honor and Excellence.



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

Skip this page.

Please follow the **Fairfield Police Applicant Instruction Sheet**.

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. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints.</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, <i>your photograph will be taken at DESPP and you will be issued a state pistol permit.</i></p>	<p>**EMAIL DESPP FOR PACKET** SLFU.OOS@CT.GOV</p> <p><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>**EMAIL DESPP FOR PACKET** SLFU.OOS@CT.GOV</p> <p><i>You must be 21 years of age to obtain a Pistol Eligibility Certificate. You must be 18 years of age to obtain a Long Gun Eligibility Certificate.</i></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
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DIVISION OF STATE POLICE

Contact / Identifying Information:

Name of Applicant															
												Last		Suffix	
														First	
														Middle Initial	
Provide all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.) (Attach additional sheet(s), if necessary)															
Date of Birth ____/____/____, Month/Day/Year			Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Unknown/Non-binary		Height <input type="checkbox"/> Ft. <input type="checkbox"/> In.		Weight <input type="checkbox"/> ____ 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						
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/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							
Place of Birth ____, _____ City/Town								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/Stree															
____, _____ 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/Stree															
____, _____ City/Town								State		____-____ Zip Code					
Home Telephone Number (____) ____-____				Motor Vehicle Operator's License Number ____, _____											
Area Code Alternate Telephone Number (____) ____-____				____, _____											
Area Code				Email Address _____											
State of Issue _____															
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? <input type="checkbox"/> NO <input type="checkbox"/> 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: _____															

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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 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

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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. Please make sure a copy of the certificate of completion for the additional training is also included.

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 CGS § 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 Firearm Permit Examiners, at 165 Capitol Ave, Suite 1070, Hartford, CT 06106. Telephone: (860) 256-2977 OR (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: <input type="checkbox"/> No <input type="checkbox"/> Yes FBI Reply: <input type="checkbox"/> No <input type="checkbox"/> Yes ICE Response: <input type="checkbox"/> No <input type="checkbox"/> Yes DMHAS: <input type="checkbox"/> No <input type="checkbox"/> Yes SPBI: <input type="checkbox"/> No <input type="checkbox"/> Yes Number: _____	Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Signature and title of issuing authority)
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Requesting Entity: Fairfield 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.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: Fairfield 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
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SIGNATURE	DATE
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This document must be retained by the Entity.

¹ Written notification includes electronic notification, but excludes oral notification.

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

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Special Licensing & Firearms Unit



CERTIFICATE OF COMPLETION

I certify that I instructed the below-named student on the state law requirements pertaining to: (1) safe storage in the home and in vehicles; (2) lawful use of firearms; and (3) lawful carrying of firearms in public, in conformance with Public Act 23-53.

Instructor Name (Printed)

Date of Instruction

Instructor Signature

NRA Instructor ID#
(if applicable)

I certify that the above-named individual instructed me on the state law requirements pertaining to: (1) safe storage in the home and in vehicles; (2) lawful use of firearms; and (3) lawful carrying of firearms in public, in conformance with Public Act 23-53.

Student Name (Printed)

Date of Instruction

Student Signature

General: (860) 685-8290 Special Licensing: (860) 685-8160 Fax: (860) 685-8496

**1111 Country Club Road
Middletown, CT 06457**

www.ct.gov/despp

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