



NORTH KINGSTOWN POLICE DEPARTMENT

8166 Post Road
North Kingstown, RI 02852

Phone: 401-294-3316
Fax: 401-294-6830

CHIEF OF POLICE
John J. Urban Jr.



TOWN MANAGER
A. Ralph Mollis

Dear Applicant:

By applying to the North Kingstown Police Department for a permit to carry a concealed pistol or revolver, you are exercising your rights under Rhode Island General Law § 11-47-11. This statute grants the North Kingstown Police Department both the authority and the responsibility to administer the permitting process in accordance with the law. Our goal is to provide this service to the residents of the Town of North Kingstown with fairness and professionalism.

Please remember that a permit to carry a concealed pistol or revolver does **not** authorize the use of the firearm. The use of a handgun is governed by other provisions of Rhode Island law. We encourage you to carefully read the enclosed policy regarding the issuance of this permit. It is designed to help you understand both the Department's authority and your responsibilities as an applicant.

This application package also includes the Rhode Island General Laws related to weapons. Before a permit can be issued, you must acknowledge that you are familiar with these provisions.

Federal firearms laws are **not** included in this packet. You are required to comply with both Federal and Rhode Island firearm laws. For information regarding Federal regulations, you may contact the Bureau of Alcohol, Tobacco, and Firearms.

The application must be completed fully and truthfully. Knowingly providing false information to obtain a permit is a criminal offense. Please read all instructions carefully. Both first-time applicants and those seeking renewal must provide all requested information at the time of submission.

Your application initiates a review process conducted by members of the North Kingstown Police Department. This process may include a personal interview and will culminate in a recommendation for approval or denial. If your application is denied, you will be notified by mail with the reason for the denial.

If your application is approved, you will be notified to appear in person at the North Kingstown Police Department to receive your permit. We urge all permit holders to exercise their privilege to carry a concealed pistol or revolver in the State of Rhode Island responsibly, properly, and safely.

Sincerely,

John Urban Jr.
Chief of Police

INTRODUCTION

Pursuant to Rhode Island General Laws § 11-47-11, the North Kingstown Police Department is authorized to issue a license or permit to carry a concealed pistol or revolver to any person 21 years of age or older who demonstrates good reason to fear an injury to their person or property, or who presents *another proper reason* for carrying a pistol or revolver, and who is determined to be a suitable person to be licensed. The Department will exercise its discretion in accordance with § 11-47-11.

Applicants must also meet the qualification requirements set forth in Rhode Island General Laws §§ 11-47-15 and 11-47-16. It is important to note that the authority to carry a loaded, concealed firearm in public is distinct from the right to purchase or possess a handgun within one's home or place of business.

The North Kingstown Police Department does not discriminate in the issuance of pistol permits on the basis of race, sex, national origin, or any other classification prohibited by law. In accordance with § 11-47-7, individuals who are unlawfully present in the United States are prohibited from purchasing, owning, carrying, transporting, or possessing any firearm.

PROCEDURE

An applicant for a pistol permit must submit a written application along with a recent photograph, two forms of positive identification, and a full set of fingerprints on an FBI fingerprint applicant card. These materials must be delivered to the North Kingstown Police Department, 8166 Post Road, North Kingstown, RI.

Upon receipt, the Police Department will conduct a comprehensive background investigation, including checks through state, local, and federal law enforcement databases. The Department may also review court records and other relevant sources to identify any pending criminal matters, restraining orders, or inconsistencies in the applicant's background, including prior history of mental illness and/or substance abuse.

A pistol permit will not be issued to any applicant who is prohibited from possessing or carrying a firearm under state or federal law (e.g., 18 U.S.C. § 922(g) or pursuant to any court order).

The North Kingstown Police Department may conduct a personal interview with the applicant to clarify information contained in the application or obtained during the background investigation.

CRITERIA FOR ISSUING A CONCEALED PISTOL OR REVOLVER PERMIT

Rhode Island General Law, 11-47-11(a) establishes criteria, summarized below, for the issuance of a permit to carry a concealed pistol or revolver upon their person:

1. The applicant must have a bona fide residence or place of business with the Town of North Kingstown and be 21 years of age or over; or
Be 21 years of age or over, and have a bona fide residence within the United States and license or permit to carry a pistol or revolver concealed upon his or her person issued by the authorities of any other state or subdivision of the United States; and
2. The applicant has a good reason to fear an injury to his or her person or property; or
The applicant has any other proper reason to be licensed; and

3. The applicant shall be a suitable person to be so licensed.

Note: Any person who is prohibited from possessing a firearm under state or federal law, or pursuant to a court order, is not eligible to obtain a permit to carry a concealed weapon.

PROPER SHOWING OF REASON AND SUITABILITY

When reviewing an application for a pistol permit, the North Kingstown Police Department must determine whether the applicant has demonstrated both proper reason and suitability to carry a loaded firearm in public. This assessment includes an evaluation of the applicant's skill, responsibility, and ability to safely carry and use a firearm in compliance with all applicable laws.

While no predetermined formula or rigid criteria can limit the Department's discretion in issuing or denying a permit, the Department considers the following factors in evaluating an applicant's proper showing of reason and suitability:

1. **Specific or Particularized Need:** Has the applicant demonstrated a specific or heightened risk to life or property, or another proper reason to carry a firearm?
2. **Skill and Training:** Has the applicant demonstrated the necessary skill, training, and ability to safely and lawfully use a concealed firearm under Rhode Island law?
3. **Safe Storage:** Has the applicant presented a reasonable and secure plan to ensure the firearm does not fall into unauthorized hands?
4. **Risk Assessment:** To what extent would the applicant's possession of a firearm increase the risk of harm to themselves or to the public?
5. **Lawful Intent:** Has the applicant demonstrated that they will not use the firearm for an unlawful or improper purpose, and that they have no history of doing so?
6. **Past Conduct:** Does the applicant's past unlawful, dangerous, or violent conduct justify denial in the Department's discretion, even if such conduct does not legally disqualify the applicant from possessing a firearm?
7. **Protective Orders:** Has the applicant ever been the subject of a protective order issued pursuant to Chapters 15-5, 15-15, or 8-8.1 of the Rhode Island General Laws?
8. **Other Relevant Factors:** Any and all additional factors deemed lawful and appropriate by the Police Department to determine whether the applicant is a suitable person to carry a loaded firearm in public.

After evaluating all relevant factors, the North Kingstown Police Department, in its sole lawful discretion, will grant or deny the pistol permit.

RESPONSIBILITIES

Approved permit holders must maintain, use, and store their firearm(s) in a safe and responsible manner at all times. Permit holders are required to notify the North Kingstown Police Department **and** the police department in the jurisdiction where the loss or theft occurred **within 24 hours** of becoming aware that a firearm has been lost or stolen. Failure to report a loss or theft in a timely manner may result in suspension of the permit.

INSTRUCTIONS FOR LICENSE TO CARRY A CONCEALED WEAPON

NO APPLICATIONS WILL BE CONSIDERED UNLESS ALL OF THE FOLLOWING REQUIREMENTS ARE MET:

1. **Completed Application:** The official application form must be fully completed by the applicant. *Please PRINT or TYPE. Incomplete or handwritten applications may be returned.*
2. **Notarization:** The application **must be notarized**.
3. **Photographs:** Provide two (2) 1" x 1" photographs taken without headgear or glasses. The photo must clearly show the applicant's head and face. PRINT the applicant's name on the back of each photo. *Laminated photos will not be accepted.*
4. **References:**
 - Three (3) references are required. References **cannot** be family members or relatives.
 - Each reference must submit a written letter relating to the applicant's request for a pistol permit.
 - All letters must be **signed, dated, and notarized**.
 - Reference letters are required **only for new applications**.
5. **Firearms Qualification:** Provide proof of qualification before a certified weapons instructor (e.g., NRA instructor or police range instructor), along with a copy of the instructor's NRA/FBI firearms instructor certification.
6. **Identification:** Submit two forms of positive identification. Each must be photocopied, then **signed and dated by a notary public** attesting that the copies are true.
7. **Fingerprints (New Applicants Only):**
 - All new pistol permit applicants must submit a full set of fingerprints on an FBI Fingerprint Applicant Card.
 - The card must be signed by the applicant.
 - The applicant is responsible for any fingerprint processing fees.
 - *Fingerprints are not required for renewal applications.*
8. **Employment-Related Applications:**
 - If the permit is requested for employment purposes, include a typed and signed letter of explanation on the employer's official letterhead.
 - Include a copy of the business license as proof of the business's existence.
9. **Non-Employment Applications:**
 - If the permit is not requested for employment, the applicant must submit a signed, dated, and notarized letter explaining the reasons for needing a permit on a full-time basis.
 - *Photocopied signatures will not be accepted.*
10. **Retired Police Officers:** Applicants applying under RIGL § 11-47-18 must submit a verification letter from the Chief of Police of the department from which they retired, confirming 20 years of service in good standing.

11. **Fee:** A non-refundable fee of **forty dollars (\$40.00)** must be included with the application in the form of a check or money order payable to the *Town of North Kingstown*.

12. **Notification and Records:**

- Applicants will be notified of denial **by mail only**.
- Approved applicants must appear **in person** to pick up their permit.
- The application, fingerprint card, and photographs become part of the permanent records of the North Kingstown Police Department and will **not** be returned.

13. **Expiration and Renewal:**

- All permits expire **four (4) years** from the date of issue.
- It is the **applicant's sole responsibility** to track and initiate the renewal process.
- No expiration reminders will be sent.

RENEWALS REQUIRE ONLY:

1. A newly completed application; and
2. New photographs; and
3. Proof of qualification with copy of NRA/FBI instructor certification; and
4. Check for \$40.00 made payable to the *Town of North Kingstown*.

*** Letters of recommendation and fingerprints are not required for renewal applications.**

The APPLICATION begins on the next page (page 6) and runs through page 11.



APPLICATION FOR LICENSE TO CARRY CONCEALABLE WEAPON

CIRCLE ONE: Renewal / New Permit

DATE: _____

PERMIT NUMBER: _____

NAME: _____
First _____ Middle _____ Last _____

ADDRESS: _____
Street Name and Number (No P.O. Boxes accepted) _____ City or Town State & Zip _____

TELEPHONE NUMBER: _____
Cell _____ Home _____ Business _____

SOCIAL SECURITY NUMBER: _____ OCCUPATION: _____

EMPLOYED BY: _____

Employer's Address _____ Street Name and Number _____ City or Town _____ State & Zip _____

DETAIL JOB DESCRIPTION: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ COLOR OF EYES: _____ COLOR OF HAIR: _____

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 ALL ADDRESSES FOR THE LAST THREE YEARS, INCLUDING DATES AND LOCATIONS:

(If necessary, please submit a separate sheet)

FACTS TO DETERMINE FEAR OR INJURY TO PERSON OR PROPERTY

The following factors will be considered when evaluating an application for a concealed weapon permit. These factors are reviewed **after** the applicant has demonstrated that they meet all basic eligibility criteria.

1. Injury to Person or Property:

a. Explain the circumstances and extent of any threat or injury to your person, or any threat or damage to your property:

b. Have you filed a report with any law enforcement agency indicating that your person or property has been threatened or damaged?

c. What was the outcome of that report?

d. How would carrying a concealed pistol or revolver mitigate the threat to you or your property?

2. Are you presently the subject of a restraining order from any court or Justice of the Peace?

3. Have you ever been the subject of a restraining order from any court or Justice of the Peace?

4. Do you have a plan to properly secure the firearm and prevent it from falling into unauthorized hands? Please give details:

(If necessary, please submit a separate sheet)

PERSONS PROHIBITED FROM CARRYING OR POSSESSING ANY FIREARM

Pursuant to Rhode Island General Laws § 11-47-6, certain persons are prohibited from purchasing, carrying, or possessing any firearm. These individuals include, but are not limited to:

1. Persons under guardianship.
2. Persons under treatment by virtue of being mentally incompetent.
3. Persons adjudicated, or under treatment or confinement, for drug addiction.
4. Persons under treatment or confinement as habitual drunkards.
5. Persons convicted of a crime of violence.

Do any of these prohibitions apply to you?

Yes / No
(Circle one)

If yes, please explain:

(If necessary, please submit a separate sheet)

FACTS TO BE USED IN DETERMINING THE APPLICANT IS A PROPER PERSON TO RECEIVE A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER

1. Have you ever been arrested? _____

If yes, provide dates and details:

2. Have you ever been cited or summonsed for any violation? _____

If yes, provide details, including the name of the law enforcement agency involved:

(If necessary, please submit a separate sheet)

3. Have you ever been under guardianship, or confined or treated for mental illness? _____

If yes, provide dates and details:

4. Have you ever been convicted of a crime? _____

If yes, provide dates and details:

5. Have you ever pleaded nolo contendere ("no contest") to any charge or violation? _____

If yes, provide dates and details:

6. Are you under indictment in any court for any crime? _____

If yes, provide dates and details:

7. Have you applied for a permit to carry a concealed pistol or revolver from the Attorney General or a local city or town in Rhode Island or any other state? _____

If list, list city/town and state: _____

Current Status (check one) Active _____ Expired _____ Denied _____ Revoked _____

If you hold an active or expired permit, include a photocopy notarized as a true copy.

If denied or revoked, provide the reason:

(If necessary, please submit a separate sheet)

8. Have you ever had a legal name change? _____

If yes, provide former name: _____

List any nicknames or alias used:

ADDITIONAL REQUIREMENTS

On a separate sheet of paper or letterhead, type your detailed and specific reason(s) for a Rhode Island permit to carry a concealed firearm.

Only typed, signed, and notarized letters will be accepted.

Two (2) types of positive identification must be submitted, such as:

- Passport
- Birth Certificate
- Driver's License
- Rhode Island Identification Card

Photocopies must be signed and dated by a notary public attesting as being true copies.

Three (3) references are required that are not a family member or relative. Refer to #4 on page 5 of the Instructions for License to Carry a Concealable Weapon:

1. _____
Name _____ Area Code/Tele# _____ No. Years Known _____

Address _____ City/Town _____ State _____ Zip code _____

2. _____
Name _____ Area Code/Tele# _____ No. Years Known _____

Address _____ City/Town _____ State _____ Zip code _____

3. _____
Name _____ Area Code/Tele# _____ No. Years Known _____

Address _____ City/Town _____ State _____ Zip code _____



**NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY
ALL OTHERS MUST QUALIFY IN ACCORDANCE WITH 11-47-15**

APPLICANT MUST QUALIFY AND INSTRUCTOR MUST COMPLETE SECTION BELOW WITHIN
ONE (1) YEAR PRIOR TO SUBMITTING APPLICATION.

WEAPONS QUALIFICATION – CALIBER OF WEAPON: _____

ARMY-L: _____ SCORE: _____ R.I. COMBAT: _____ SCORE: _____

SIGNATURE of N.R.A. Instructor or Police Range Officer

Date

PRINTED NAME & TELEPHONE NUMBER of N.R.A. Instructor or Police Range Officer

N.R.A. Number or Police Department Name

AFFIDAVIT

I certify that I have read, and am familiar with, the provisions of Rhode Island General Laws §§ 11-47-1 through 11-47-62, inclusive, as amended, and that I am aware of the penalties associated with violations of these statutes. I further understand that any alteration of this permit constitutes just cause for its revocation.

Applicant's Signature

BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME IN _____,

RHODE ISLAND THIS _____ DAY OF _____, 20 _____.

Notary Public Signature

Notary Public (Name Printed)

My Commission Expires on: _____