



Rocky Hill Police Department

699 Old Main Street. Rocky Hill, Connecticut 06067
Records Telephone (860) 258-2783
Fax: (860) 563-6124

Brian Klett
Chief of Police

PISTOL-REVOLVER PERMIT INFORMATION

Applications will be accepted Monday through Friday between the hours of 8:00 A.M. and 3:00 P.M. In receipt of your application being submitted, the Records Division will provide information to pre-enroll for fingerprinting. This information should not be shared. Pre-enrollment does not schedule an applicant for fingerprinting services. The applicant must call the Records Division to be scheduled for an appointment. Alternatively, the applicant can be fingerprinted by the State by scheduling through the following website:
<https://outlook.office365.com/book/DepartmentofEmergencyServicesandPublicProtectionCopy@ct.gov/>

Pistol/Revolver Permit Information Checklist- to be submitted with application

- Connecticut State Police Form DPS-799-C *Must be notarized prior to submission*
- Copy of DD-214 if applicable
- Proof of legal residency in the Town of Rocky Hill, CT
(Driver's License or State Issued I.D. Card)
- Proof of Citizenship
(Certified copy of Birth Certificate, U.S Passport or documentation issued by I.C.E)
- Protective Order Statement *Must be notarized prior to submission*
- Certificate attesting to the applicant's competence with a hand gun, including live fire:
NRA: _____ USCCA: _____ Other: _____
- State of CT Affidavit
- Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Rights
- Cash, Check or Money Order in the amount of \$70.00
made payable to The Rocky Hill Police Department

For R.H.P.D. Use Only

- OLN, FLIQ, FLQN, SPRC, III,
- CJIS

Applicant's Name: _____

Case Number Assigned: _____

Appointment Date: _____

Applicant Tracking Number: _____

Fingerprint Response: State Police: _____ FBI: _____

Application forwarded to Detective Division on: _____, 2026

TLO: _____ VATS: _____ 60 Day Temporary Permit Issued: _____



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



Instructions to Applicants

Pistol Permits – New	Pistol Permits – Renewal by Mail
<p>1. A valid Temporary State Permit to Carry Pistols or Revolvers (DPS-11-C) must be presented in person at the Department of Emergency Services and Public Protection (DESPP) Headquarters located at 1111 Country Club Road, Middletown, Connecticut 06457-2389 or one of our satellite offices at Troop G or Troop E (by appointment only). For NEW Out of State Pistol Permit Requests, please contact SLFU.OOS@ct.gov for a packet to be mailed to you.</p> <p>2. Proof of legal and lawful presence in the United States is required. Acceptable forms of proof include a birth certificate, U.S. passport, or documentation of permanent residence from the U.S. Citizenship and Immigration Services.</p> <p>3. Payment of a \$70.00 fee is required, either by check or money order made payable to “Treasurer, State of Connecticut” or by exact cash payment.</p> <p>4. Your photograph and signature will be taken at DESPP.</p>	<p>1. Out-of-state, and in state pistol permit renewals must be completed by mail.</p> <p>2. Confirm the accuracy of the information on DPS-129-C. If corrections are required, draw a single line through any incorrect information and write in the correct information. Sign the corrected form in the presence of a notary prior to mailing.</p> <p>3. Using transparent tape, attach a 2” x 2” color passport photo, taken within the previous six (6) months, in the box provided.</p> <p>4. Include a \$70.00 check or money order payable to “Treasurer, State of Connecticut.” Do not send cash.</p> <p>5. Proof of legal and lawful presence in the United States is required. Acceptable forms of proof include a birth certificate, U.S. passport, or documentation of permanent residence from the U.S. Citizenship and Immigration Services. <u>Do not send originals.</u></p>

Renewals for Armed Security Officers (Blue Cards/Class 1) and Bail Enforcement Agents (Gold Cards/Class2)

1. Follow the instructions above for Pistol Permits – Renewal by mail
2. An additional check or money order for \$62.00 is required, made payable to “Treasurer, State of Connecticut.”
3. Armed Security Officers must submit a DPS-1030-C annually as proof of completion of the handgun qualification refresher course.

Eligibility Certificates (New & Renewals)

1. New applicants, please contact SLFU for a packet to be mailed to you. This can be done by sending an email to SLFU.OOS@ct.gov and including what type of Eligibility Certificate you are requesting (Pistol or Long Gun), and including your name and mailing address within the body of the email.
2. Renewal applicants must submit a DPS-129-C-2, with a \$35.00 fee made payable to “Treasurer, State of Connecticut”. **Do not mail cash.** Documentation of legal and lawful presence in the United States must also be included (see # 2 under “Pistol Permits New” for acceptable documents). A color passport photo must also be affixed to the DPS-129-C-2 form, and the form must be notarized.

Ammunition Certificates (New & Renewals):

1. **New applicants must complete DESPP-417-C, and sign it in the presence of an official.**
2. Include a 2” x 2” color passport photo, taken within the previous six (6) months.
3. Submit check or money order for \$35.00 made payable to “Treasurer, State of Connecticut,” for the processing of the Ammunition Certificate. **Do not mail cash.**
4. Renewal applicants must submit a DPS-129-C-2 with \$35.00 fee made payable to “Treasurer State of Connecticut.” **Do not mail cash.** A color passport photo must also be affixed to the DPS-129-C-2 form, and the form must be notarized.

SEE IMPORTANT NOTICES – REVERSE SIDE

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

NOTICE

Pursuant to C.G.S. §§ 29-28, 29-32, 29-36f 29-36l, and 18 U.S.C. § 922, *applications covered by these instructions will not be issued or be renewed, if:*

1. You have a **FELONY CONVICTION** in any jurisdiction.
2. You have a **MISDEMEANOR CONVICTION** in Connecticut for one of the following crimes in the preceding 20 years:
 - a. Criminally negligent homicide as specified under C.G.S. § 53a-58
 - b. Assault in the third degree as specified under C.G.S. § 53a-61
 - c. Assault of an elderly, blind, disabled, or pregnant person or a person with intellectual disability in the third degree as specified under C.G.S. § 53a-61a
 - d. Threatening in the second degree as specified under C.G.S. § 53a-62
 - e. Reckless endangerment in the first degree as specified under C.G.S. § 53a-63
 - f. Unlawful restraint in the second degree as specified under C.G.S. § 53a-96
 - g. Riot in the first degree as specified under C.G.S. § 53a-175
 - h. Riot in the second degree as specified under C.G.S. § 53a-176
 - i. Inciting to riot as specified under C.G.S. § 53a-178
 - j. Stalking in the second degree as specified under C.G.S. § 53a-181d
3. You have a **MISDEMEANOR CONVICTION** in Connecticut for illegal possession of controlled or hallucinogenic substances, as specified under C.G.S. § 21a-279 on or after 10/1/2015
4. You are an unlawful user of or addicted to any controlled substance (as defined in the Controlled Substances Act (21 U.S.C. 801, et. seq.).
5. You were **CONVICTED** of a **MISDEMEANOR CRIME of DOMESTIC VIOLENCE**. This means an offense that (1) is a misdemeanor under federal or state law; and (2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent or guardian of the victim, or by a person with whom the victim shares a child in common, or by a person who is cohabiting with or who has cohabited with the victim or spouse, parent, or guardian, or by any person similarly situated to a spouse, parent or guardian of the victim.
6. You were 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 C.G.S. § 53a-13.
7. You were **CONFINED TO A HOSPITAL** for persons with psychiatric disabilities (C.G.S. § 17a-495) within the preceding sixty (60) months by order of a Probate Court.
8. You have been voluntarily admitted to a hospital for persons with psychiatric disabilities, within the preceding six (6) months for reasons other than solely for alcohol or drug dependence.
9. You are subject to a **RESTRAINING ORDER** or **PROTECTIVE ORDER** issued by a court after notice and an opportunity to be heard has been provided to you in a case involving the use, attempted use or threatened use of physical force against another person.
10. You are the subject of a court issued risk warrant to seize firearms pursuant to C.G.S. § 29-38c(d).
11. You are an **ILLEGAL ALIEN** in the United States.
12. You are **UNDER the AGE of 21 years**.
13. You have renounced your United States citizenship.
14. You have been discharged from the Armed Forces under a dishonorable condition.
15. You are prohibited by federal law, under 18 U.S.C. 922 (g) or (n).

Please mail in your renewal or direct any questions regarding your status to DESPP Headquarters, Special Licensing and Firearms Unit, located at 1111 Country Club Road, Middletown, Connecticut 06457-2389 or by telephone at (860) 685-8290. Hours of operation are Monday through Friday 8:30 am – 4:15 pm. **Please note all locations will be closed on State and Federal holidays. Troop locations may be closed during inclement weather.**

Troop E – Montville I-395 N (between exits 6 & 9) Montville, CT 06382, telephone 860-848-6539 –
Tuesday, Wednesday, Friday, and Saturday 8 am – 12 pm and 12:30- 3:45 pm; Thursday 11 am – 2 pm and 2:30 – 6:45 pm.—**BY APPOINTMENT ONLY**

Troop G - Bridgeport, 149 Prospect Street, Bridgeport, Connecticut, 06604; telephone (203) 696-2532
Tuesday, Wednesday, Friday, and Saturday 8 am – 12 pm and 12:30- 3:45 pm; Thursday 11 am – 2 pm and 2:30 – 6:45 pm.—**BY APPOINTMENT ONLY**

Current schedules, hours and directions can be found at www.ct.gov/despp - click on Special Licensing and Firearms Unit link.

The Department of Emergency Services and Public Protection (DESPP) herein notifies the applicant that DESPP will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined in a hospital for persons with 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 persons with psychiatric disabilities within the preceding six (6) months for reasons other than solely for alcohol or drug dependence. DESPP will use this information in order to fulfill its statutory obligations under Connecticut General Statutes Sections 29-28, 29-36f.



**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.)

When filing this application, it is suggested that you review the Connecticut General Statutes pertaining to this application. 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. 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.); and ▪ Proof 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 align="center">**EMAIL DESPP FOR PACKET** <u>SLFU.OOS@CT.GOV</u></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 align="center">**EMAIL DESPP FOR PACKET** <u>SLFU.OOS@CT.GOV</u></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
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. 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 _____

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 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: 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)



Rocky Hill Police Department

699 Old Main Street. Rocky Hill, Connecticut 06067
Telephone (860) 258-7640
Fax: (860) 563-6124

Brian Klett
Chief of Police

My Name is: _____

My Date of Birth is: _____

My Address is: _____

I am submitting an application for a PISTOL PERMIT.

I am AWARE that a FALSE STATEMENT is a CLASS A MISDEMEANOR and is punishable by a term of imprisonment not to exceed one year, or a fine not to exceed \$1,000, or BOTH a fine and imprisonment.

I ATTEST THAT I am NOT currently SUBJECT TO either a PROTECTIVE ORDER or a RESTRAINING ORDER issued by a Court after notice and an opportunity to be heard has been provided to you in a case involving the use, the attempted use or the threatened use of physical force against another person.

Date: _____ Applicant Signature: _____

Date: _____ Notary Signature: _____

Requesting Entity: _____

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
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This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: _____

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:

<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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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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