



MIDDLETOWN POLICE DEPARTMENT

123 Valley Road • Middletown, RI 02842-5237

Administrative (401) 846-1144
Emergency (401) 846-1104
Records (401) 849-3131
Fax (401) 846-0175

Jason M. Ryan
Chief of Police

Middletown Police Department Concealed Weapon Permit New and Renewal Applications must include the following to be processed:

1. Completed and Signed Authorization for Release of Personal Information
2. Completed and Signed Release of Medical Information for Concealed Weapons Permit
3. Completed Application for License to Carry Concealed Weapon
4. Letter of Reason
5. Two (2) Notarized Photocopies of Positive Identification
6. Three (3) Notarized Letters of Reference
7. Three (3) Additional References Listed (No Letters of Reference)
8. Notarized Photocopies of All Active and Expired Permits
9. Weapon Qualification Score
10. Copy of Instructor's Certification with Expiration Date

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APPLICATION INSTRUCTIONS FOR LICENSE TO CARRY A CONCEALABLE WEAPON

NO APPLICATIONS WILL BE CONSIDERED UNLESS THE FOLLOWING HAVE BEEN ACCOMPLISHED:

This official application form must be filled out completely by the applicant.
Incomplete applications will be denied due to missing information.

Please **PRINT OR TYPE** the application or it will be returned if not legible.

New and Renewals that have **not been expired for 3 or more years** will need the following:

- A typed letter must be submitted by **ALL** applicants stating the reasons why a carry concealed weapons permit is needed. All letters must be dated and notarized. We will not accept a photocopy of any letter. Please include any **DOCUMENTATION** that will support the needs mentioned in your letter. i.e., proof of business or rental properties.
- If the permit is to be used for **ANY EMPLOYMENT**, a **typed and signed** letter of explanation must **ALSO** be submitted on your employer's letterhead and included with the application. Also, include a copy of the business license as proof that the business exists.
- Submit a photocopy of **TWO (2)** forms of positive identification.
Copies must be signed, dated, and stamped by a Notary Public, attesting to be true copies. i.e., License, State I.D., Passport, Resident Card, Birth Certificate, Permit issued from your home or other State.
- **NEW** applications require both three (3) references **AND** three (3) reference letters and are to be submitted along with the application. A total of six (6) references altogether (must be six (6) separate individuals). All three reference letters are to be **TYPED** (not handwritten) for the applicant pertaining to the gun permit and must be **SIGNED, DATED, AND NOTARIZED**. Reference letters must be written by the reference, not the applicant, and cannot be identical. References **cannot** be immediate family.
- **Renewal** applicants are required to provide three (3) references. Reference letters are not required unless your permit has been expired for three or more years.
- Proof of qualification before a certified weapons **instructor**, i.e., N.R.A. Instructor or Police range instructor. *Qualifications will only be accepted up to one year old, and you **cannot** qualify yourself.*
- A copy of **THE INSTRUCTOR'S** NRA/FBI firearms **INSTRUCTOR CERTIFICATION** with a visible expiration date is **REQUIRED**.
- All **NON-RESIDENT APPLICANTS** must include a copy of their home state permit, notarized.
- All **NEW** pistol permits issued from this department must have a full set of the applicant's fingerprints taken on an FBI fingerprint applicant card [FD-258 (Rev. 12-29-82)]. The fingerprint card must be signed by the applicant. This is not necessary for a **renewal** application **UNLESS** your permit has been expired for 3 or more years.
- Retired Police Officers applying under 11-47-18 must submit a letter of verification from the Chief of Police of the department from which they retired from stating that they have completed 20 years of good standing.

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Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Middletown Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial and retail credit agencies, including credit reports and ratings, medical and psychiatric treatment and consultation, including hospitals, clinics, private practitioners, the U.S. Veteran's Administration, the United States military, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records, housing records, real and personal property tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, records of complaints of a civil nature.

I reiterate and emphasize that this authorization intends to provide full and free access to the background and history of my personal and professional life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Middletown Police Department to consider in determining my suitability for a concealed weapons permit.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for a concealed weapons permit. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy or a facsimile (fax) of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date: _____ Signature: _____

Address: _____

Date of Birth: _____ Witness: _____

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Release of Medical Information for Concealed Weapons Permit

I, _____, hereby authorize my primary care physician to complete the information below, so the Middletown Police Department may determine my suitability to be issued a license or permit to carry a concealed firearm.

(Signature)

I, _____, am the primary care physician for _____,
(Print Physician's Name) (Print Patient's Name)

and verify that I have/have not provided him/her with psychiatric/psychological treatment or referred him/her to any other medical professional for psychiatric/psychological treatment.
(Circle One)

1. Is your patient currently under guardianship, treatment, or confinement by virtue of being mentally incompetent or a drug addict? **YES / NO** (Circle and Initial)

If yes, explain _____

2. Is your patient currently under guardianship, treatment, or confinement by virtue of having an alcohol use disorder? **YES / NO** (Circle and Initial)

If yes, explain _____

3. Is your patient a habitual abuser of alcohol or any legal or illegal controlled substances? **YES / NO** (Circle and Initial)

If yes, explain _____

4. Has your patient ever been deemed a mental incompetent or drug addict by a competent medical authority? **YES / NO** (Circle and Initial)

If yes, has there been a five (5) year lapse since your patient has been pronounced cured of their mental incompetence or drug addiction by a competent medical authority? **YES / NO** (Circle and Initial)

5. Is your patient a mentally stable person and a proper person to possess a firearm? **YES / NO** (Circle and Initial)

If not, explain _____

(Print Physician's Name) (Physician's Signature) Date: _____

BEFORE ANOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME IN, _____ Rhode Island this _____ Day of _____
Town/City

_____ 20 ____.

Notary Public Signature

Notary Public (Printed Name)

My commission expires

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Chief of Police

APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

DATE: _____ PERMIT NUMBER _____

NAME _____
First Middle Last

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

TELEPHONE# (____) _____ (____) _____ (____) _____
Home Business Cell

E-MAIL (optional) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

PLACE OF BIRTH _____ HEIGHT _____ WEIGHT _____

COLOR OF EYES _____ COLOR OF HAIR _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____
Number & Street Name City or Town State & Zip

JOB DESCRIPTION _____

ARE YOU A CITIZEN OF THE UNITED STATES? Yes NO IF YES 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 PREVIOUS ADDRESSES FOR THE **LAST THREE (3) YEARS**, INCLUDING DATES STARTING WITH THE MOST RECENT. (Attach a separate sheet of paper if necessary)

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HAVE YOU EVER BEEN ARRESTED OR CHARGED FOR ANY OFFENSE?

Yes No

IF YES, GIVE DETAILS _____

HAVE YOU EVER BEEN CITED OR SUMMONED FOR ANY VIOLATION?

Yes No

IF YES, GIVE DETAILS _____

HAVE YOU EVER BEEN UNDER GUARDIANSHIP, CONFINED OR TREATED FOR MENTAL ILLNESS?

Yes No

IF YES, GIVE DETAILS _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

Yes No

IF YES, GIVE DETAILS _____

HAVE YOU EVER **PLED NOLO CONTENDERE** TO ANY CHARGE OR VIOLATION?

Yes No

IF YES, GIVE DETAILS _____

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

Yes No

IF YES, GIVE DETAILS AND DATES _____

HAVE YOU EVER HAD A LEGAL NAME CHANGE?

Yes No

IF YES, LIST PREVIOUS NAMES _____

LIST ANY NICKNAMES OR ALIASES USED BY YOU:

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

Yes No

IF YES, GIVE CITY OR TOWN _____

IF YES, CURRENT STATUS ACTIVE EXPIRED DENIED REVOKED

HAVE YOU APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM THE ATTORNEY GENERAL?

Yes No

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HAVE YOU APPLIED FOR A PERMIT TO CARRY A HANDGUN IN ANOTHER STATE? Yes No
IF YES, CITY OR TOWN AND STATE _____

HAVE YOU EVER BEEN DENIED A PERMIT TO CARRY CONCEALED? Yes No
IF YES, GIVE DETAILS _____

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

NEW APPLICATIONS: THREE (3) REFERENCES WITH REFERENCE LETTERS AND THREE (3) ADDITIONAL REFERENCES: FOR A TOTAL OF SIX (6) REFERENCES ARE REQUIRED FOR NEW APPLICATIONS. EACH REFERENCE LETTER WRITTEN ON YOUR BEHALF SHOULD DISCUSS YOUR CHARACTER AND/OR YOUR REASON(S) FOR REQUESTING A CONCEALED CARRY PERMIT. EACH REFERENCE LETTER MUST BE SIGNED, DATED, AND NOTARIZED. REFERENCE LETTERS MUST BE WRITTEN BY THE REFERENCE, NOT THE APPLICANT, AND CANNOT BE IDENTICAL. ALL THREE (3) REFERENCE LETTERS MUST BE INCLUDED IN THE APPLICATION PACKAGE.

Name	Address/City/State/Zip	home/cell/work phone numbers	YearsKnown
Name	Address/City/State/Zip	home/cell/work phone numbers	Years Known
Name	Address/City/State/Zip	home/cell/work phone numbers	YearsKnown

ADDITIONAL REFERENCES: THREE (3) REFERENCES ARE REQUIRED FOR RENEWAL APPLICATIONS. NO REFERENCE LETTERS ARE REQUIRED UNLESS YOUR PERMIT HAS BEEN EXPIRED FOR THREE (3) YEARS OR MORE

Name	Address/City/State/Zip	home/cell/work phone numbers	YearsKnown
Name	Address/City/State/Zip	home/cell/work phone numbers	Years Known
Name	Address/City/State/Zip	home/cell/work phone numbers	YearsKnown

NOTE: APPLICANTS SHOULD BE AWARE THAT APPLICATIONS MAY TAKE UP TO NINE MONTHS FOR A RESPONSE.

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

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

WEAPON QUALIFICATION SCORE: _____ CALIBER OF WEAPON _____

ARMY-L _____ SCORE _____ RICOMBAT _____ SCORE _____

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

PRINTED NAME & TELEPHONE # OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER

N.R.A. NUMBER OR POLICE DEPARTMENT NAME

A COPY OF THE INSTRUCTOR'S NRA/FBI CERTIFICATE OR CERTIFICATION CARD
WITH A VISIBLE EXPIRATION DATE MUST BE INCLUDED

AFFIDAVIT

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 RHODE ISLAND, 1956, AS AMENDED, 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.

Applicant's Signature

BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME IN, _____
RHODE ISLAND Town/City

THIS _____ DAY OF _____ 20_____.

Notary Public Signature

Notary Public (Printed Name)

My commission expires _____

OFFICE USE ONLY

Application has been **APPROVED / DENIED**

Jason M. Ryan, Chief of Police

Date

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