



APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

DATE _____ R.I. A.G. PERMIT NUMBER _____

NAME _____
First Middle Last

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

TELEPHONE NUMBER _____
Home Business Other/Cell

E-MAIL (optional) _____

SOCIAL SECURITY NUMBER: _____ Job title/ OCCUPATION: _____

EMPLOYER: _____

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

DETAIL JOB DESCRIPTION: _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
Height _____ Weight _____ Eye color _____ Hair color _____

List all other address for **THE LAST THREE YEARS**, including DATES and locations:



Have you ever been arrested or charged for any offense? Yes No — IF SO, GIVE DEATAILS:

Have you ever been cited or summoned for any violation? Yes No — IF SO, GIVE DETAILS:

Have you ever been under guardianship, confined or treated for mental illness? Yes No — IF SO, GIVE DETAILS:_____

Have you ever been convicted of a crime? Yes No — IF SO, GIVE DETAILS:_____

Have you ever PLED NOLO CONTENDRE to any charge or violation? Yes No — IF SO,GIVE DETAILS:

Are you under indictment in any court for a crime punishable by imprisonment exceeding one year?

Yes No — IF SO, GIVE DETAILS AND DATES:_____

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 SO, GIVE CITY OR TOWN_____

(If so, enclose photocopy, notary-signed and dated, attesting copies are true)

ACTIVE? _____EXPIRED? _____ DENIED?_____REVOKED?_____

Have you applied for a permit to carry a concealed pistol or revolver from The Attorney General? Yes No

(If so, enclose photocopy, notary-signed and dated, attesting copies are true)

Have you ever applied for a pistol permit to carry a handgun in another state? Yes No — IF YES,

STATE AND CITY:_____

Were you denied?_____If so, GIVE DETAILS_____

(Enclose photocopy, notary-signed and dated, attesting copies are true)

HAVE YOU EVER HAD A LEGAL NAME CHANGE? Yes No — IF YES, PLEASE STATE

FORMER NAME_____

PLEASE LIST NICKNAMES OR ALIAS USED BY YOU_____

ARE YOU A CITIZEN OF THE UNITED STATES? Yes No 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.)



TO THE CHIEF OF POLICE OR CITY HALL OFFICIAL _____
City or Town and State

THIS IS TO INFORM YOU THAT _____
Applicant's Name (Printed or Typed)

Is applying for a pistol permit to carry a concealed pistol or revolver in the state of Rhode Island. We would like for you to verify that this subject lives in your city or town or state, in your jurisdiction only.

Police Chief or City Hall's Official Signature Date
** An official stamp or seal is requested **

(POLICE CHIEF MAY SEND IN A LETTER IF HE OR SHE WISHES REGARDING THE APPLICANT)

AFFIDAVIT

I CERTIFY THAT I HAVE READ AND I 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 _____
CITY STATE

THIS _____ DAY OF _____, 20_____.

Notary Public Signature

Notary Stamp Required

NOTE: THE **RI COMBAT COURSE** IS FOR LAW ENFORCEMENT PERSONNEL ONLY

ALL OTHERS MUST QUALIFY IN ACCORDANCE TO 11-47-15

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

WEAPON QUALIFICATION SCORE: **CAL.OF WEAPON** _____

AMY-L _____ SCORE _____ R.I. COMBAT _____ SCORE _____

SIGNATURE of N.R.A. instructor or POLICE RANGE OFFICER

DATE

PRINTED NAME & TELEPHONE NO# OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER

N.R.A. NUMBER OR POLICE DEPARTMENT NAME

Copy of INSTRUCTORS NRA/ FBI CERTIFICATE OR CERTIFICATION CARD
with visible expiration date must be included.

THREE (3) REFERENCES ARE REQUIRED:

Name Area Code/Tele No# Years Known

Address/City/State/Zip

Name Area Code/Tele No# Years Known

Address/City/State/Zip

Name Area Code/Tele No# Years Known

Address/City/State/Zip