

Obtaining a Temporary State Pistol Permit – Simsbury Residents

Please read this cover page in its entirety to prepare for your appointment.

Applicant must be a Simsbury resident AND at least 21 years of age AND a legal resident of the United States. The application package is available at the Police Department Records Window or on the Town's website: www.simsbury-ct.gov (see "Police / Emergency", then "Forms", then "Pistol Permit Application"). The Simsbury Police Department issues the Temporary State Permit to Carry Pistols or Revolvers pursuant to # 29-28 and 29-28a of the Connecticut General Statutes. This process takes approximately 8 to 10 weeks. Temporary permits are valid for sixty (60) days from the date of issue.

YOU WILL NEED TO MAKE AN APPOINTMENT FOR YOUR INTERVIEW, PHOTOGRAPH AND FINGERPRINTS. You will be asked for your name, date of birth, address and phone number at the time you schedule. Your paperwork will be processed and your fees accepted at the time of your appointment. Please read this page in full before calling.

To make your appointment or if you have questions, call Monday – Friday, 7:00 AM – 3:00 PM:

Mark Edwards, Records Supervisor, at 860-658-3128

Prepare the following documents and bring to your appointment:

- HAND GUN SAFETY COURSE LETTER/CERTIFICATE OF COMPLETION** - copy will be made at police station
You are required to complete a hand gun safety course, which must consist of no less than the NRA's "Basic Pistol Course." Live fire is required, using a semi-automatic pistol or revolver. The letter or certificate must include the instructor's name and identification number. Information regarding NRA firearms instructors and approved courses in this area may be obtained by calling the NRA office at 800-672-3888 or by visiting the website: www.nrainstructors.org/searchcourse.aspx.
- PISTOL PERMIT APPLICATION – Completed and Notarized**
Complete the application, **WAITING TO SIGN UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY.** The application must be notarized. Notaries are generally available at banks and at the Simsbury Public Library. We recommend you call ahead. The Library's number is 860-658-7663.
- SIMSBURY POLICE DEPARTMENT SUPPLEMENT TO PISTOL PERMIT APPLICATION**
Complete the supplement
- SIMSBURY POLICE DEPARTMENT WAIVER OF CONFIDENTIALITY**
Sign the waiver authorizing the Police Department to conduct a background check
- IDENTIFICATION** – Copies will be made at the Police Department
 - United States passport or birth certificate
 - Driver's License or CT State non-driver photo ID
- PROOF OF SIMSBURY RESIDENCE** – A copy of address portion will be made at the Police Dept.
 - Mail: Utility bill, tax bill, etc. showing your Simsbury address
- FEES (3 separate)**
 - **\$14.75** *BANK CHECK OR MONEY ORDER ONLY payable to "Treasurer – State of Connecticut" for (FBI) fingerprinting processing. *(Obtain at bank or United States Post Office.)
 - **\$50.00** (personal check is fine) payable to "Treasurer – State of Connecticut" for the State background check
 - **\$70.00** (personal check is fine) payable to "Town of Simsbury" for the temporary sixty day permit

General Information

Temporary permit holders must apply for State Pistol Permits within 60 days of receiving the temporary permit (before its expiration). The entire Temporary State Pistol Permit process must be repeated if you do not apply for the State permit within the 60 day period. The fee for the State as of this writing is \$70 and the State permit is currently valid for five (5) years. Basic information regarding the process for obtaining the State permit will be provided to the applicant when the temporary permit is issued. The State Special Licensing and Firearms Unit will provide the full information you need. Their telephone number is 860-685-8290.

For more information on laws pertaining to firearms, visit the Board of Firearm Permit Examiners website: www.ct.gov/bfpe, or contact them at 860-256-2977.

**YOU MUST ALSO PRINT AND COMPLETE
THE MOST CURRENT DESPP FORM
DPS-799-C AND BRING THIS WITH YOU TO
YOUR APPOINTMENT!**

DESPP FORM DPS-799-C CAN BE FOUND

HERE. <http://www.ct.gov/despp/cwp/view.asp?a=4213&q=494614#forms>

Simsbury Police Department
Supplement to Pistol Permit Application

Name _____ Phone # (home) _____ Phone # (work) _____

Employment History – Current Occupation: _____

List all employment for the last ten (10) years including unemployment, part-time employment and military service.

<u>Name & FULL Address of Employer</u>	<u>Dates Employed</u>	<u>Position/Duties</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

List all educational institutions you have attended since age 16, their address and the dates you attended.

<u>Name of Institution</u>	<u>Address</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical

1. Do you have any physical impairment that would, in any way, hinder you from carrying or using a firearm?
Yes ___ No___ If yes, explain _____

2. Have you ever been hospitalized for mental or emotional problems?
Yes ___ No___ If yes, explain _____

3. Have you ever consulted or been treated by a professional psychiatrist or psychologist for mental or emotional problems?
Yes ___ No___ If yes, explain _____

4. Have you ever lost time from school or work for a mental or emotional problem?
Yes ___ No___ If yes, explain _____

5. Have you ever used drugs other than those legally prescribed for you?
Yes ___ No___ If yes, explain _____

6. Are you now or have you ever been named in a protective order or restraining order?
Yes ___ No___ If yes, explain _____

7. How often and to what extent do you use alcohol? _____
8. Reason for Permit? Sport/Hunting _____ Personal/Home Protection _____ Required for Job _____

***Simsbury Police Department
PO Box 495
933 Hopmeadow Street
Simsbury, CT 06070***

WAIVER OF CONFIDENTIALITY

I hereby waive the privilege of confidentiality to which I may otherwise be entitled, and authorize the release of those records about or concerning me as may be in the possession of others. These records are needed as a condition of my application for a permit to carry pistols and revolvers/dangerous weapons and/or will assist in determining my suitability for obtaining same in the Town of Simsbury.

The records, the release of which I hereby authorize, shall include but are not limited to any medical health records, arrest, conviction and fingerprint records.

Thereby agree that copies of all such records requested may be released to the Simsbury Police Department for purposes of my pistol/dangerous weapons permit application.

I further agree to hold harmless the Town of Simsbury from any and all claims under state or federal law arising out of the utilization or information obtained as a result of this release in its selection process.

Signature of Candidate

Print Name

Date