

Please read this cover page in its entirety

BY APPOINTMENT ONLY -- Obtain your NRA, or other approved, live-fire course certificate before contacting us.

OBTAINING A TEMPORARY STATE PISTOL PERMIT

(SUMMER 2023) 06-30-2023 Revision

Must be a Bona Fide Simsbury resident, at least 21 years old AND legal US resident

To be placed on the appointment contact list, visit the pistol permit page of the Simsbury Police Department's website: <https://www.simsbury-ct.gov/police-emergency/pages/pistol-permits-temporary-60-day-permit>.

Then follow the instructions regarding emailing the Records Division to request an appointment. Be sure to answer the listed questions in your email so we may fully prepare your file prior to your appointment.

What to expect:

You will be placed on the appointment contact list and receive a confirmation and instructional email within 3 business days. After, please wait to hear from an officer via email or telephone to schedule an appointment.

Prepare the following and bring to your appointment (note those that must be NOTARIZED):

☐ **HAND GUN SAFETY COURSE LETTER/CERTIFICATE OF COMPLETION (HAND WRITTEN CERTIFICATES NOT ACCEPTED)**

You are required to complete a hand gun safety course, which must consist of no less than the content of the NRA's "Basics of Pistol Shooting" 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: <https://www.nrainstructors.org>. For a list of "[CT Approved Firearms instructors](#)", click [HERE](#) and scroll down until you see the link for the PDF list.

☐ **STATE PISTOL PERMIT APPLICATION (form DPS-799-C) – Printed, Completed and Notarized (link also on next page)**

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. Notaries are NOT available at Town Hall/Police Department. Include supplemental pages regarding employment/residential history if applicable for the State form DPS-799-C (we will **not** be sending the Simsbury PD Supplement to the State with your application). Include a copy of your DD-214 if you have previous military service. We cannot submit your application to the State without it.

☐ **SIMSBURY POLICE DEPARTMENT "SUPPLEMENT TO PISTOL PERMIT APPLICATION" - Completed**

☐ **SIMSBURY POLICE DEPARTMENT "WAIVER OF CONFIDENTIALITY" – Notarized** – Authorizing the Police Department to conduct a background check.. Wait to sign until in the presence of the notary. Sign/notarize within two weeks prior to your appointment.

☐ **FBI: Noncriminal Justice Applicant's Privacy Rights & Privacy Act Statement- Signed and Dated** (keep 1 copy, bring pages 3&4)

☐ **IDENTIFICATION** – If not born in USA, **ALSO** bring: US Permanent Resident Card ("green card") or proof of naturalized citizenship

1) United States passport OR Birth Certificate **AND** 2) CT 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 providing evidence you live in Simsbury: Utility bill, tax bill, etc. showing your Simsbury residential address (not "junk" mail)
- Important: If we cannot verify your residence through the publicly available Assessor's ownership/tax database, please bring in a **CURRENT LEASE** or **notarized** letter from the person you rent from (or live with) providing evidence you currently reside at the address, and the length of time you have resided there.

☐ **FEES** – **Note:** You will receive the link to the State registration/payment portal AFTER you send the email to Records

- **Proof of payment to State: You must print out and BRING your applicant tracking confirmation page from the State's online portal to your appointment.** We cannot process your fingerprints and application without this.
- **\$70.00** payable to "**Town of Simsbury**" for the background investigation and temporary sixty-day permit. A personal check is preferred, but if using a bank check or money order, obtain after you receive an appointment date. Be sure the payment does not have an expiration date. *The Town will not be processing your \$70.00 payment until after your permit is issued.* Postal money orders do not have an expiration date.
- **\$10.00** fingerprinting fee (cash/check/MO) paid **SEPARATELY** from the \$70.00 pistol permit background investigation / processing fee.

YOU MUST PRINT AND COMPLETE
THE MOST CURRENT
STATE OF CT DESPP FORM DPS-799-C
AND BRING THIS WITH YOU TO YOUR APPOINTMENT

LINK TO STATE APPLICATION DESPP FORM DPS-799-C:

<https://portal.ct.gov/DESPP/Division-of-State-Police/Special-Licensing-and-Firearms/Firearms-and-Permit-Related-Forms-and-Information>

You will scroll down the page to find the current link to form DPS-799-C

You will check off **“60 Day Temporary State Pistol Permit”** on the first page of form

When you have printed the complete application packet, you should have twelve (12) pages, ten (10) of which you will bring with you to appointment:

1. Previous instruction page w/check-off list (“OBTAINING A TEMPORARY STATE PISTOL PERMIT”) (1 page)
2. This page (1 page)
3. The current State DPS-799-C form (4 pages)
4. Simsbury Police Department supplement (1 page)
5. Simsbury Police Department waiver (1 page)
6. FBI privacy notice (4 pages) – Sign pages 3 & 4 and bring with you (*retain pages 1 & 2*)

After your application process, including appointment, is complete:

- You will generally hear from us only if there is a matter needing attention (e.g., if your fingerprints are rejected by the State or FBI, requiring a re-print, or we have additional questions).
- The process from appointment date to date of permit issue generally takes **7-8 weeks** and is subject to the length of time it takes to receive responses from the State, FBI and other agencies/towns. It will also be lengthened should your fingerprints be rejected and subsequently re-submitted. The “clock” starts again at time of re-print.
- The State and FBI do not give us status updates, so we will be unable to provide that to you. **Please do not contact us regarding status until eight (8) weeks after your appointment (or re-print, if applicable).**
- **If you have questions AFTER your intake appointment, contact the RECORDS DIVISION at 860-658-3125.**
- The temporary pistol permit will be **mailed** to you at the address on your form. *If you will be travelling at the time your permit may be issued, you may contact us to hold your permit from issue until after your return if it is within a reasonable amount of time. Please notify us of your leave/return dates in this case and we will note this on your file.*
- **The \$70.00 check made out to the Town of Simsbury will not be deposited until after your temporary permit is issued. If the check should be returned by the bank, you will owe the Town of Simsbury an additional \$20.00 fee.**
- **The sixty (60) day period in which you have to obtain your CT state pistol permit begins on the date we issue your temporary permit (not your appointment date).**

Waiver and Supplement forms to follow:

NAME _____ PRIMARY DAY-TIME TELEPHONE # _____

REASON FOR PERMIT? ☐ Personal/Home Protection ☐ Sport/Hunting ☐ Required for JobCURRENT OCCUPATION/JOB TITLE (note: this will appear on your temporary permit): _____ ☐ Check if RETIRED**OCCUPATION/EMPLOYMENT**

BEGIN WITH YOUR CURRENT JOB. List all employment chronologically (most recent to oldest) for the last ten (10) years including unemployment, part-time employment and military service. Please complete section even if attaching resume.

Employer Name	Full Address of Employer	Dates Employed	Position/Duties	Reason for Leaving	Indicate if You Work(ed) Onsite or from Home Only (Circle One Answer)
					Onsite/Hybrid Work from Home ONLY
					Onsite/Hybrid Work from Home ONLY
					Onsite/Hybrid Work from Home ONLY
					Onsite/Hybrid Work from Home ONLY

☐ Check here if you are including additional employment information on reverse or attached.**EDUCATION**

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

Name of Institution	Full Address of Institution	Dates Attended	Indicate if Attendance is/was in-person or Virtual Only (Circle One Answer)
			In-Person/Hybrid ONLINE/VIRTUAL ONLY
			In-Person/Hybrid ONLINE/VIRTUAL ONLY
			In-Person/Hybrid ONLINE/VIRTUAL ONLY

☐ Check here if you are including additional education information on reverse or attached.**MEDICAL & OTHER**

- Do you have any physical impairment that would, in any way, hinder you from carrying or using a firearm?
Yes ___ No ___ If yes, explain _____
- Have you ever been to the hospitalized for mental or emotional problems?
Yes ___ No ___ If yes, explain _____
- Have you ever consulted or been treated by a professional mental health provider for mental or emotional problems?
Yes ___ No ___ If yes, explain _____
- Have you ever lost time from school or work for a mental or emotional problem?
Yes ___ No ___ If yes, explain _____
- Have you ever used drugs other than those legally prescribed for you?
Yes ___ No ___ If yes, explain _____
- Do you drink alcohol?
Yes ___ No ___ If yes, how often? _____ and to what extent/amount each time? _____
- Are you now or have you ever been named in a protective order or restraining order?
Yes ___ No ___ If yes, explain _____

DECLARATION

I understand that any false statement herein, including attachments and information provided on reverse if applicable, 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: _____ Print Name: _____

Simsbury Police Department
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 and will assist in determining my suitability for obtaining same in the Town of Simsbury, CT.

The records, the release of which I hereby authorize, shall include but are not limited to, any relevant medical health records, arrest, conviction, fingerprint records and relevant contacts with police, public safety or disciplinary officials.

I thereby agree that copies of all such records requested may be released to the Simsbury Police Department for purposes of my temporary pistol 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.

NOTARIZATION BELOW:

Signature of Candidate/Applicant

Print Name

Date of Birth

Date Signed / Appointment Date

Noncriminal Justice Applicant's Privacy Rights

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

If you need additional information or assistance, please contact:

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	Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306
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Applicant Signature: _____

Date: _____

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).

Noncriminal Justice Applicant's Privacy Rights

FBI Privacy Act Statement

Updated 11/6/2019

This privacy act statement is located on the back of the FD-258 fingerprint card.

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, investigation, 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, investigation, 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

Applicant Name (print): _____

Applicant Signature: _____ Date: _____

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- 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.⁵
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As of 03/30/2018

Applicant Name (print): _____

Applicant Signature: _____ Date: _____