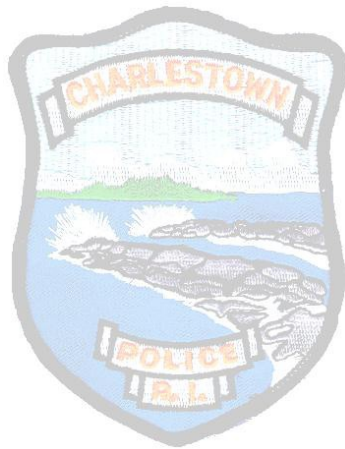


Town of Charlestown, Rhode Island

Concealed Weapon Carry Permit

Application



Dear Concealed Weapon Permit Applicant:

By applying to the Charlestown Police Department for a permit to carry a concealed pistol or revolver, you are exercising your right and responsibility to administer this program in accordance with the law. It is intended as a service to the people of the Town of Charlestown.

It is important to remember that a permit to carry a concealed pistol or revolver does not authorize you to use the firearm. Such usage of a handgun is regulated by other provisions of Rhode Island law. Please carefully read the enclosed policy regarding the issuance of the pistol or revolver permit. It is intended to serve as a guideline to aid you in understanding the authority and responsibility of the Charlestown Police Department.

Also contained in this application are the Rhode Island General Laws pertaining to weapons (RIGL 11-47-1 through 11-47-63), known as the Firearms Act. Before you are granted a permit to carry a pistol or revolver, you must acknowledge that you have read and are familiar with the provisions of the act.

This application package does not include federal laws pertaining to firearms. You must observe both federal and Rhode Island laws. All federal laws are administered by federal agencies. For information relative to federal regulation of firearms, you may contact the Bureau of Alcohol, Tobacco, and Firearms.

This application itself must be filled out completely and truthfully. It is a crime to knowingly give false information to obtain a permit to carry a pistol or revolver. Please read the instructions carefully and note that first time and renewal applicants must supply all information being requested to the Charlestown Police Department at the time of application.

The submission of the application for a permit to carry a concealed pistol or revolver is the beginning of a process of review by members of the Charlestown Police Department which will include a thorough background check, reference check and personal interview. We strongly encourage applicants to seek proper training. The process will culminate in a recommendation of grant or denial of permit. Should your application be denied, you will be advised by mail stating the reason for denial.

A successful applicant for a permit to carry a concealed pistol or revolver will be notified by mail to respond personally to the Charlestown Police Department to obtain the permit. Exercise your privilege to carry a concealed pistol or revolver in the State of Rhode Island responsibly, properly, and safely.

Sincerely,



Jeffrey S. Allen
Chief of Police
Charlestown Police Department

APPLICATION FOR PERMIT TO CARRY A CONCEALABLE WEAPON

DATE _____ PERMIT NUMBER _____

NAME _____
First Middle Last

ADDRESS _____
Street name & number (no P.O. Boxes accepted) City or Town State & Zip

TEL. NUMBER _____
(HOME) (BUSINESS) (OTHER)

SOCIAL SECURITY NUMBER _____ OCCUPATION _____

EMPLOYED BY: _____

(Employer's street name & number) (City or Town) (State & Zip)

DETAIL OF JOB DESCRIPTION _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ COLOR OF EYES, COLOR HAIR _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ 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 ADDRESSES FOR THE LAST THREE (3) YEARS, INCLUDING DATES AND LOCATIONS: _____

(If necessary, please submit a separate sheet)

ATTACH PHOTOCOPY OF OUT-OF-STATE PERMITS OR LICENSES

HAVE YOU EVER HAD A LEGAL NAME CHANGE? _____ IF YES, PLEASE STATE FORMER NAME _____

PLEASE LIST NICKNAMES OR ALIAS USED BY YOU _____

ON A SEPARATE SHEET OF PAPER OR LETTERHEAD, **TYPE** DETAILS AND SPECIFIC REASONS EXPLAINING YOUR NEED FOR A CONCEALED WEAPON CARRY PERMIT (ONLY NOTORIZED, **TYPED** LETTERS WILL BE ACCEPTED). PLEASE INCLUDE ANY FIREARMS TRAINING YOU HAVE RECIEVED.

TWO (2) TYPES OF POSITIVE IDENTIFICATION MUST BE SUBMITTED: Ex. (1) Birth Certificate, (2) Rhode Island or State Driver's License (3) Rhode Island Identification Card.

A PHOTOCOPY OF ANY TWO (2) OF THE ABOVE SIGNED AND DATED BY A NOTARY PUBLIC, ATTESTING AS BEING TRUE COPIES WILL BE ACCEPTED. PASSPORT AND OTHER POSITIVE IDENTIFICATION WILL ALSO BE ACCEPTED.

THREE (3) NOTORIZED LETTERS OF REFERENCE ARE REQUIRED: (LIST REFERENCES)

Name	Address/City/State/Zip	Tel. #	Yrs. Known
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Name	Address/City/State/Zip	Tel. #	Yrs. Known
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Name	Address/City/State/Zip	Tel. #	Yrs. Known
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(Please submit a separate sheet for each reference letter. No form letters or copies accepted).

**NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY
ALL OTHERS MUST QUALIFY IN ACCORDANCE WITH RIGL SECTION 11-47-15**

WEAPON QUALIFICATION

CAL. OF WEAPON: _____

AMY-L _____ SCORE _____ RI COMBAT _____ SCORE _____

(Signature of N.R.A. Instructor or Police Range Officer)

Date

(Printed Name & Telephone Number of N.R.A. Instructor or Police Range Officer)

(N.R.A. Number or Police Department Name)

AFFIDAVIT

I CERTIFY THAT I HAVE READ AND I AM FAMILIAR WITH THE PROVISIONS OF SECTION 11-47-1 THROUGH 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)

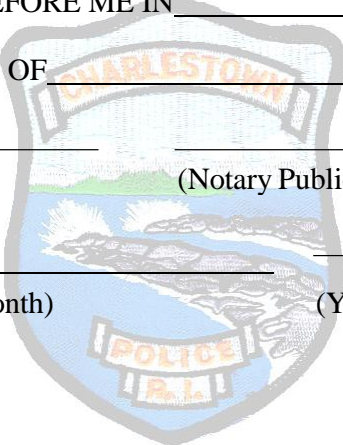
BEFORE A NOTARY PUBLIC:

SUBSCRIBED AND SWORN TO BEFORE ME IN _____, RHODE ISLAND THIS _____ DAY OF _____, 20__.

(Notary Public Signature)

(Notary Public (name printed))

MY COMMISSION EXPIRES ON _____
(Month) (Year) (State)



FACTS TO DETERMINE FEAR OR INJURY TO PERSON OR PROPERTY

The following factors will be considered when reviewing an application for a concealed weapon permit. These factors will be considered once the applicant has demonstrated that he/she meets criteria #1 and #5:

1. Injury to Person or Property:

a. Explain the circumstances and extent of the threat or injury to person or threat or extent of damage to property, if any:

b. Has the applicant filed a report with any law enforcement agency indicating that his/her person or property has been threatened or damaged?

2. What agency has the report been filed with?

What was the result?

a. Has the applicant received a restraining order from any court? _____

Is the applicant presently, or has he/she been the subject of a restraining order from any court?

b. How will the carrying of a concealed pistol or revolver, on his/her person, mitigate the threat to the person or their property

(If necessary, please submit a separate sheet)

**PERSONS PROHIBITED FROM CARRYING
OR POSSESSING ANY FIREARM**

Pursuant to Rhode Island General Law 11-47-6 certain persons are prohibited from purchasing, carrying, or possessing any firearm. These persons include, but are not limited to:

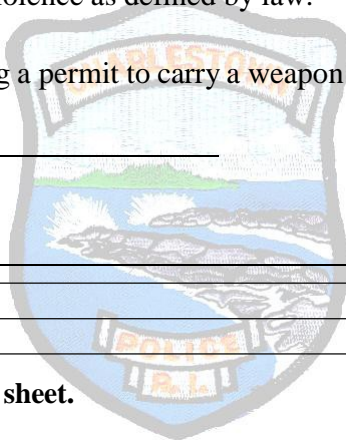
1. A person under guardianship.
2. A person under treatment by virtue of being a mental incompetent.
3. A person who has been adjudicated or is under treatment or confinement as a drug addict.
4. A person under treatment or confined as a habitual drunkard.
5. A person convicted of a crime of violence as defined by law.

Do any of the prohibitions to receiving a permit to carry a weapon apply to you?

Yes _____ No _____

If yes, please explain: _____

If necessary, please submit a separate sheet.



FACTS TO BE USED IN DETERMINING WHETHER THE APPLICANT IS A PROPER PERSON TO RECEIVE A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER

1. Have you ever been arrested? _____

If so, note date of arrest(s) and give details: _____

2. Have you ever refused to take a breathalyzer test? _____

If so, give details including the name of the law enforcement agency involved _____

3. Have you ever applied for a permit to carry a concealed weapon in another state or from the Rhode Island Attorney General, or a local city/town in Rhode Island? _____

If yes, state city, town, state or jurisdiction _____

Were you denied? _____ If so, give reason: _____

(If necessary, please submit a separate sheet)

4. Have you ever been under the care of a psychiatrist or psychologist? _____

If yes, please explain (Note: A limited background investigation will be conducted by this agency).

