Town of Hebron

TOWN OFFICE BUILDING
15 GILEAD STREET
HEBRON, CONNECTICUT 06248
TELEPHONE: (860) 228-5971
FAX: (860) 228-4859
www.hebronct.com

ANDREW J. TIERNEY
TOWN MANAGER

DANIEL LARSON
CHAIRMAN

GAIL B. RICHMOND
VICE CHAIRMAN

PETER D. KASPER
SELECTMAN

MARC P. RUBERA
SELECTMAN

TIFFANY V. THIELE
SELECTMAN

State Pistol Permit Application Process

The following completed documents are required for submission:

___1. Copy of PreEnrollment tracking number
___2. Pistol Permit/Eligibility Certificate Application, signed, dated and notarized (DPS-799-C Rev 8/4/2022 attached)
___3. Copy of Firearms Safety & Use Course Certificate
___4. Copy of long form Birth Certificate **OR** current U.S. Passport
___5. Copy of Connecticut Driver's License
___6. Noncriminal Justice Applicants Privacy Rights, signed and dated (attached)
___7. FBI Privacy Act Statement, signed and dated (attached)
___8. Check: $70.00 payable to Town of Hebron

If you have any questions, feel free to contact the Town Manager's Office at 860-228-5971.

Thank you.

Updated 2.2023

Fingerprint Instructions for Pistol Permit Applicants

1. Log onto https://ct.flexcheck.us.idemia.io/cchrspreenroll to complete the PreEnrollment for fingerprint and background check.
2. The Agency/Entity Service Code is 7A92-2246
3. Complete the PreEnrollment in its entirety and make payment online.
4. Once the PreEnrollment and payment are complete PRINT the PreEnrollment email (sample below) and BRING it with you to Troop K located at 15 Old Hartford Road, Colchester to have your fingerprints taken at any of the following times:

   7:00am
   3:00pm
   11:00pm

Please note, the duties of Troop K take priority over fingerprinting, we appreciate your patience and understanding should you be asked to return at another time

5. Once fingerprinting is completed, your background results will be sent to the Hebron Town Manager's Office electronically.
6. Submit a copy of the PreEnrollment email (sample below) with completed application to the Hebron Town Manager's Office for processing.

Sample PreEnrollment email:

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Bureau of Identification

06/15/2021
BEAR TTTTTC TEDDY

Please present the Applicant Tracking Number below at the fingerprint location. It will identify both the reason for your fingerprint request and the agency or entity receiving the results. You must provide this number in order to be fingerprinted. Please also bring a government issued form of identification.

Applicant Tracking Number: 21T0001086

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Special Licensing and Firearms Unit

PISTOL PERMIT/ELIGIBILITY CERTIFICATE APPLICATION

(Pursuant to C.G.S. §§ 29-28 et. seq., 29-36 et. seq., and 53a-217 et. seq.

Before completing this application, it is suggested that you review the Connecticut General Statutes pertaining to firearms. These can be accessed on the Internet at www.cga.ct.gov. or through your local library.

Type of Permit Requested:

Check Box:
- ☐ 60 Day Temporary State Pistol Permit
- ☐ Non-Resident State Pistol Permit
- ☐ Eligibility Certificate to Purchase Pistols or Revolvers
- ☐ Eligibility Certificate to Purchase Long Guns

Instructions:

Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:
1. Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first select person, as applicable) along with all of the following: ▪ Firearms Safety & Use Course Certificate; ▪ $70.00 fee, payable to the local authority; and ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.). 2. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints. 3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days. 4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following: ▪ The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority; ▪ A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C); ▪ $70.00 fee, payable to **Treasurer, State of Connecticut;** ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and ▪ Proof of valid state issued photo identification card. 5. Upon approval, y*our photograph will be taken at DESPP and you will be issued a state pistol permit.*	****CALL DESPP FOR PACKET**** ***You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.***	****CALL DESPP FOR PACKET**** ***You must be 21 years of age to obtain a Pistol Eligibility Certificate. You must be 18 years of age to obtain a Long Gun Eligibility Certificate.***

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access www.ct.gov/despp and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290. Note: All payments must be made with separate checks.

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Contact / Identifying Information:

Name of Applicant

Last, Suffix

First, Middle Initial

Provide all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.)
(Attach additional sheet(s), if necessary)

Date of Birth __/__/____ Month/Day/Year

Sex ☐F ☐M ☐Unknown/Non-binary

Height ☐Ft. ☐In.

Weight ☐Lbs.

Eye Color ☐ Brown ☐ Blue ☐ Black ☐ Green ☐ Gray ☐ Hazel

Race ☐White ☐American Indian/Alaskan Native ☐Asian/Pacific Islander ☐Black ☐Unknown/Other

Hair Color ☐ Brown ☐ Black ☐ Blonde ☐ Red ☐ Gray ☐ White ☐ Bald

Place of Birth
City/Town, State

Social Security Number (***Optional, but will help prevent misidentification***)
___-__-____

Country of Citizenship

Alien Reg. Number (If applicable)

Residential Address (List street address. Post office box numbers are not acceptable)
Number/Street
City/Town, State, Zip Code

List Residential Addresses for the Last 7 Years (Attach additional sheet(s), if necessary)
**Any subsequent changes of address must be reported within 48 hours to the Special Licensing and Firearms Unit*
1. _____
2. _____

Mailing Address (If different from current residential address above)
Number/Street
City/Town, State, Zip Code

Home Telephone Number
(___) ___-____
Area Code

Alternate Telephone Number
(___) ___-____
Area Code

Motor Vehicle Operator's License Number

State of Issue

Email Address
_____

Employment History:

List Employers for the Last 7 Years (Provide employer's name, address and telephone number)
(Attach additional sheet(s), if necessary)
1. _____
2. _____

Permit or Eligibility Certificate History:

Have you had a firearms permit, permit application or eligibility certificate of any kind from <u>ANY</u> jurisdiction in the United States denied, suspended or revoked? ☐NO ☐YES

If "YES," provide:

1. **Identify the jurisdiction which issued the denial, suspension or revocation:** _____
2. **Date of denial, suspension or revocation:** _____
3. **The reason for the denial, suspension, or revocation:** _____

Medical History:

Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court?
☐NO ☐YES If "YES," explain: (Attach additional sheet(s), if necessary)

Have you been discharged from custody within the past twenty years after having been found not guilty of a crime by reason of a mental disease or defect? ☐NO ☐YES
If "YES," explain: (Attach additional sheet(s), if necessary)

Have you been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence? ☐NO ☐YES
If "YES," explain: (Attach additional sheet(s), if necessary)

Notice: *DESPP herein notifies the applicant that, pursuant to C.G.S. §§ 29-28 through 29-38b, DESPP will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined to a hospital for psychiatric disabilities within the preceding sixty (60) months by order of Probate Court, or if the applicant has been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence.*

Criminal History:

Have you ever been ARRESTED for any crime, in any jurisdiction? ☐NO ☐YES If "YES," list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary)

Notice: You are ***not*** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to C.G.S. §§46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46b-146), an adjudication as a youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon (C.G.S. 54-142a).

With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.

Have you ever been CONVICTED under the laws of this state, federal law or the laws of another jurisdiction?
☐NO ☐YES If "YES," list all convictions, include charges, location, date of arrest, and disposition. (Attach additional sheet(s), if necessary)

Are you currently on probation, parole, work release, in an alcohol and/or drug treatment program or other pre-trial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case? ☐NO ☐YES If "YES," explain. (Attach additional sheet(s), if necessary)

Within the past five (5) years, have you been the subject of a Protective Order or Restraining Order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person, regardless of the outcome or result of any related criminal case? ☐NO ☐YES

If "YES," which court issued the order?

Military History:

Were you ever a member of the Armed Forces of the United States? ☐NO ☐YES (If yes, please include a copy of your DD-214)

Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge? ☐NO ☐YES

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Proof of Training:

**Attach a copy of the letter or certificate attesting that you have completed a course in the safety and use of pistols and revolvers or long guns (as appropriate, depending upon which permit or certificate you are requesting), signed by the instructor of the course.*

Instructor: (Check applicable box)

☐ **National Rifle Association**
☐ **Department of Energy and Environmental Protection (DEEP)**
☐ **Other**: _____

State Instructor's Name and ID Number: _____

Declaration:

I understand that any false statement herein, 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 _____

STATE OF _____

Print Name _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ 20_____

_____
Name:
Notary Public
My Commission Expires:
Commissioner of Superior Court

NOTICE: Appeal Process for Permits

In the event that your application for pistol permit or eligibility certificate is denied or revoked, you may notify the Board of Firearm Permit Examiners, at 20 Trinity St., 5th Floor, Hartford, CT 06106. Telephone: (860)256-2977 OR (860) 256-2947, in writing, within ninety (90) days, in order to begin your appeal process. At a hearing before the Board, you may request that your application be reconsidered or that your permit or eligibility certificate be reinstated.

For Official Use Only:

Application Received:		**Application Status:**
☐☐/☐☐/☐☐☐☐ Month/Day/Year	FBI Sent: ☐No ☐Yes FBI Reply: ☐No ☐Yes ICE Response: ☐No ☐Yes DMHAS: ☐No ☐Yes SPBI: ☐No ☐Yes Number : _____	☐Approved ☐Denied _____ (Signature and title of issuing authority)

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: TOWN OF HEBRON

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]

Updated 11/6/2019

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**

SIGNATURE	DATE

<u>This document must be retained by the Entity.</u>

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[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).**

Requesting Entity: TOWN OF HEBRON

FBI Privacy Act Statement

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, investigating, 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, investigating, 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

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

SIGNATURE	DATE

This document must be retained by the Entity.