

## Connecticut State Pistol Permits for Out of State Residents

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A legal resident of the United States with a permit or license to carry a pistol or revolver in any state which meets or exceeds the requirements of Connecticut Statute may apply directly to the Special Licensing and Firearms Unit for a Connecticut State Pistol Permit.

The following is mandatory for all applicants:

1. **Copy of permit(s) to carry a pistol or revolver** (with all information clearly legible).
2. **DPS 46 Application Card for State Permit to Carry Pistols and Revolvers, signed and completed.** (Please note, at bottom of form: "Dated at"..... is the town applicant resides in.)
3. **DPS 799-C Application Form for non-residents, completed, signed and notarized.**
4. **DPS 129-C completed, signed and notarized with a 2 x 2 color photo with clear background.** (stapled, glued or scotch taped to form so as not to interfere with the photo.)
5. **Fingerprint card, signed and completed, including fingerprints. Must use FBI card FD-258 which should be available at most PDs and certified fingerprint agencies.**
6. **Online payment for \$75.00 for us to process your fingerprint card. See instructions.**
7. **Check for \$70.00 payable to "Treasurer, State of Connecticut"** (for application fee)
8. **Copy of Documentation of completing a Firearms Safety course for pistols and revolvers that has been "approved" by the Commissioner as required by CT State Statute 29-28(b).** (ie: the NRA "Basic Pistol Course" is an "approved" course.) **ALL COURSES MUST HAVE BEEN COMPLETED WITHIN THE PAST 2 YEARS.**
9. **Copy of citizenship (birth certificate or United States Passport).** Send a copy, do not send original.
10. **Legal Alien Residents need to provide a copy of their Alien Registration card. If applicable, a copy of naturalization papers should be sent with application.**
11. **If applicable, include a copy of form DD214, Certificate of Release or Discharge from Active Duty from military which MUST specifically state Discharge Status.** (If you do not have a copy of it, you may contact [www.archives.gov/veterans](http://www.archives.gov/veterans) to request a copy.)
12. **Copy of signed privacy rights form.**
13. **DPS 793 Local Permit Verification. Must be signed by authority that issued your local permit.**

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**ALL INFORMATION MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.**

**\*\*\*\*INCOMPLETE APPLICATION PACKAGES WILL BE RETURNED!!!!\*\*\*\***

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The Special Licensing and Firearms Unit will process the fingerprints and perform a background investigation consisting of criminal history check and verification of current out of state permit. Upon approval, the state permit will be mailed to the applicant.

The **mailing address** for completed packets is:

**Department of Emergency Services and Public Protection  
Division of State Police  
Special Licensing and Firearms Unit  
1111 Country Club Road  
Middletown, CT 06457  
Telephone: (860)685-8494**

**\*\*\*\*\*Allow up to 5 months for processing\*\*\*\*\***

## INSTRUCTIONS FOR SUBMITTING BACKGROUND PROCESSING FEE ONLINE.

Service Name: Out of State Permit

To pay for us to complete your fingerprint background check you must submit your fee at website below using the out of state code located in the box below.

<http://ct.flexcheck.us.idemia.io/cchrspreenroll> and enter the following service code:

C13C-7625

\*After entering the Service code, confirm the Fingerprint Reason by selecting the “Yes—this information looks correct” Option.

\*Complete the pre-enrollment information as completely as possible. All **BLUE** highlighted fields are mandatory to move forward with the process. You do not have to fill out all other fields. After completing all applicable fields, move to the next section by selecting the “submit pre-enrollment” button at the bottom of the screen.

\*After completing the pre-enrollment steps, a confirmation screen will appear confirming registration is complete, including your application tracking number.

\*A Pre-enrollment email will be sent with a barcode. This email must be submitted as part of the application process.

*Example .....*



**REMINDER: PLEASE INCLUDE A COPY OF THE EMAIL WITH THE BARCODE WHEN MAILING IN FINGERPRINT CARDS WITH YOUR APPLICATION PACKET.**

**ANY ISSUES (i.e. rejections) WITH YOUR FINGERPRINTS WILL SENT FROM**

**CCHRS [status@dev.flexcheck.us.idemia.io](mailto:status@dev.flexcheck.us.idemia.io)**

**\*\*\*PLEASE CHECK YOUR EMAIL INCLUDING YOUR SPAM FOLDER AND DO NOT DELETE\*\*\***

## **\*\*PLEASE NOTE\*\***

THERE IS SPECIFIC SUPPLEMENTAL TRAINING MATERIAL THAT MUST BE COMPLETED ALONG WITH THE FULL SAFETY COURSE CURRICULUM.

*DESPP has created a standardized PowerPoint, in accordance with Public Act 23-53, to supplement the NRA Basics of Pistol Shooting course as well as any independent curriculum approved by the Commissioner. After teaching this PowerPoint, in conjunction with the full safety course curriculum and live fire portion, the instructor should issue both the certificate of completion of the safety course, as well as the certificate of completion for the DESPP supplemental. While this supplemental is mandatory for any class taught on or after July 1, 2024, It is recommended that instructors begin teaching this supplemental as soon as possible, in case the students delay in submitting their application.*

The files for the supplemental course PowerPoint as well as the certificate of completion can be found on the SLFU website:

<https://portal.ct.gov/despp/division-of-state-police/special-licensing-and-firearms/special-licensing-and-firearms>

## Application for State Permit to Carry Pistols and Revolvers

*Pursuant to C.G.S. §29-28*



Permit Number: \_\_\_\_\_

**Official Use Only**

Name:					
<b>Last</b>		<b>First</b>		<b>MI</b>	
Current Address:					
Number	Street	City/Town	State	Zip	
Previous Address:					
Number	Street	City/Town	State	Zip	
Social Security Number: (Optional but will help prevent misidentification)			Motor Vehicle Operator's License Number and State:		
Local Permit From:			E-mail: _____		
Name of City/Town of Borough		Date of Permit		Home Phone: _____	
				Cell Phone: _____	
DOB:	Race:	Sex:	Eye Color:	Height:	Weight:
Dated at _____ this _____ day of _____ 20 _____					
			_____ <b>Signature of Applicant</b>		
<small>DPS-46-C (Rev. 08/24/2022)</small> Make checks or money orders payable to "Treasurer, State of Connecticut".					

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](http://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:
<p>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:</p> <ul style="list-style-type: none"> <li>▪ Firearms Safety &amp; Use Course Certificate;</li> <li>▪ \$70.00 fee, payable to the local authority; and</li> <li>▪ 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.).</li> </ul> <p>2. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints.</p> <p>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</p> <p>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</p> <ul style="list-style-type: none"> <li>▪ The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority;</li> <li>▪ A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C);</li> <li>▪ \$70.00 fee, payable to <b>Treasurer, State of Connecticut</b>;</li> <li>▪ 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</li> <li>▪ Proof of valid state issued photo identification card.</li> </ul> <p>5. Upon approval, your photograph will be taken at DESPP and you will be issued a state pistol permit.</p>	<p><b>**CALL DESPP FOR PACKET**</b> <i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i></p>	<p><b>**CALL DESPP FOR PACKET**</b> <i>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.</i></p>

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access [www.ct.gov/despp](http://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

**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 nolle, 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 \_\_\_\_\_

COUNTY OF \_\_\_\_\_ Print Name \_\_\_\_\_

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., 5<sup>th</sup> 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:**

/ /   
 Month/Day/Year

FBI Sent:  No  Yes  
 FBI Reply:  No  Yes  
 ICE Response:  No  Yes  
 DMHAS:  No  Yes  
 SPBI:  No  Yes  
 Number: \_\_\_\_\_

**Application Status:**

Approved  Denied

\_\_\_\_\_  
 (Signature and title of issuing authority)

STATE OF CONNECTICUT  
Department of Emergency Services and Public Protection  
1111 Country Club Road  
Middletown, CT 06457-2389  
DPS-129-C (08/31/11)

Name:  
Address:  
City, State Zip:

Place of Birth:  
Country of Citizenship:  
Telephone:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

EYE COLOR:            HEIGHT:            FT            IN

WEIGHT:            LBS    SEX:            RACE:

A=ASIAN  
B=BLACK  
I=INDIAN  
W=WHITE  
U=UNKNOWN

ATTACH IN THIS  
SQUARE, USING  
TRANSPARENT TAPE,  
A PASSPORT PHOTO  
(2" X 2") OF YOU  
THAT WAS TAKEN  
WITHIN THE PAST 6  
MONTHS

\_\_\_\_\_

Please sign within the box in presence of official

By affixing my signature to this form, I certify that the information I have provided in this form is true and correct to the best of my knowledge and belief, and that the attached photograph was taken of me within the last 6 months. I am aware that in order to effectuate C.G.S 29-28, the Department of Emergency Services and Public Protection (DESPP) will be notified by the Department of Mental Health and Addiction Services if I have been confined in a hospital for psychiatric disabilities within the proceeding twelve (12) months by order of a probate court. This information will be used by the DESPP in order to fulfill its obligations under C.G.S. Section 29-28.

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_ Term Expires: \_\_\_\_\_

Requesting Entity: \_\_\_\_\_

## **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
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**This document must be retained by the Entity.**

# Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: \_\_\_\_\_

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.**<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

Updated 11/6/2019

If you need additional information or assistance, please contact:

<p><b>Connecticut Records:</b> <b>Department of Emergency Services and Public Protection State</b> <b>Police Bureau of Identification (SPBI)</b> <b>1111 Country Club Road</b> <b>Middletown, CT 06457</b> <b>860-685-8480</b></p>	<p><b>Out-of-State Records:</b> <b>Agency of Record</b> <b>OR</b> <b>FBI CJIS Division-Summary Request</b> <b>1000 Custer Hollow Road</b> <b>Clarksburg, West Virginia 26306</b></p>
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SIGNATURE	DATE
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**This document must be retained by the Entity.**

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> 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).



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**  
**DIVISION OF STATE POLICE**  
**Special Licensing & Firearms Unit**



**Out of State Carry Permit Verification**

**\*\*This section must be filled out by an Official from the issuing office\*\***

Name of Permit Holder (LN, FN, MN)	DOB of Permit Holder	Permit License No.
Issuing County/State	Issue Date	Expiration Date
Restrictions (if none, write "FULL CARRY"):		

1. Is the applicants carry permit in good standing? \_\_\_\_\_  
 If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Was the applicant's permit ever revoked? \_\_\_\_\_  
 3. Is there any reason the applicant should not be approved for a permit in the State of Connecticut? \_\_\_\_\_  
 \_\_\_\_\_

**Printed Name of Official Representative** \_\_\_\_\_

**Signature of Official Representative** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**Title of Official Representative** \_\_\_\_\_

**Name of Agency** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**General: (860) 685-8290 Special Licensing: (860) 685-8160 Fax: (860) 685-8496**  
**1111 Country Club Road**  
**Middletown, CT 06457**  
[www.ct.gov/despp](http://www.ct.gov/despp)