# MIDDLETOWN POLICE DEPARTMENT

123 Valley Road • Middletown, RI 02842-5237

Administrative (401) 846-1144
Emergency (401) 846-1104
Records (401) 849-3131
Fax (401) 846-0175

Jason M. Ryan
Chief of Police


## Middletown Police Department Concealed Weapon Permit New and Renewal Applications must include the following to be processed:

1. Completed and Signed Authorization for Release of Personal Information ☐
2. Completed and Signed Release of Medical Information for Concealed Weapons Permit ☐
3. Completed Application for License to Carry Concealed Weapon ☐
4. Letter of Reason ☐
5. Two (2) Notarized Photocopies of Positive Identification ☐
6. Three (3) Notarized Letters of Reference ☐
7. Three (3) Additional References Listed (No Letters of Reference) ☐
8. Notarized Photocopies of All Active and Expired Permits ☐
9. Weapon Qualification Score ☐
10. Copy of Instructor's Certification with Expiration Date ☐

**APPLICATION INSTRUCTIONS FOR LICENSE TO CARRY A CONCEALABLE WEAPON**

NO APPLICATIONS WILL BE CONSIDERED UNLESS THE FOLLOWING HAVE BEEN ACCOMPLISHED:

This official application form must be filled out completely by the applicant.
Incomplete applications will be denied due to missing information.

Please **PRINT OR TYPE the** application or it will be returned if not legible.

**New and Renewals** that have **not been expired for 3 or more years** will need the following:

- ☐ A typed letter must be submitted by **ALL** applicants stating the reasons why a carry concealed weapons permit is needed. All letters must be dated and notarized. We will not accept a photocopy of any letter. Please include any DOCUMENTATION that will support the needs mentioned in your letter. i.e., proof of business or rental properties.

- ☐ If the permit is to be used for **ANY** EMPLOYMENT, a **typed and signed** letter of explanation must **ALSO** be submitted on your employer's letterhead and included with the application. Also, include a copy of the business license as proof that the business exists.

- ☐ Submit a photocopy of **TWO (2)** forms of positive identification.
  *Copies must be signed, dated, and stamped by a Notary Public, attesting to be true copies.*
  *i.e., License, State I.D., Passport, Resident Card, Birth Certificate, Permit issued from your home or other State.*

- ☐ **NEW** applications require both three (3) references **AND** three (3) reference letters and are to be submitted along with the application. A total of six (6) references altogether (must be six (6) separate individuals). All three reference letters are to be **TYPED** (not handwritten) for the applicant pertaining to the gun permit and must be **SIGNED, DATED, AND NOTARIZED**. Reference letters must be written by the reference, not the applicant, and cannot be identical. References **cannot** be immediate family.

- ☐ **Renewal** applicants are required to provide three (3) references. Reference letters are not required unless your permit has been expired for three or more years.

- ☐ Proof of qualification before a certified weapons **instructor**, i.e., N.R.A. Instructor or Police range instructor. *Qualifications will only be accepted up to one year old, and you **cannot** qualify yourself.*

- ☐ A copy of **THE INSTRUCTOR'S** NRA/FBI firearms **INSTRUCTOR CERTIFICATION** with a visible expiration date is **REQUIRED**.

- ☐ All NON-RESIDENT APPLICANTS must include a copy of their home state permit, notarized.

- ☐ All **NEW** pistol permits issued from this department must have a full set of the applicant's fingerprints taken on an FBI fingerprint applicant card [FD-258 (Rev. 12-29-82)]. The fingerprint card must be signed by the applicant. This is not necessary for a **renewal** application UNLESS your permit has been expired for 3 or more years.

- ☐ Retired Police Officers applying under 11-47-18 must submit a letter of verification from the Chief of Police of the department from which they retired from stating that they have completed 20 years of good standing.

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## Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Middletown Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial and retail credit agencies, including credit reports and ratings, medical and psychiatric treatment and consultation, including hospitals, clinics, private practitioners, the U.S. Veteran's Administration, the United States military, public utility companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records, housing records, real and personal property tax statements and records, and other financial statements and records wherever filed, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records, records of complaints of a civil nature.

I reiterate and emphasize that this authorization intends to provide full and free access to the background and history of my personal and professional life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the Middletown Police Department to consider in determining my suitability for a concealed weapons permit.

It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part; upon this release authorization will be considered in determining my suitability for a concealed weapons permit. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy or a facsimile (fax) of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date: _____ Signature: _____

Address: _____

Date of Birth: _____ Witness: _____

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## Release of Medical Information for Concealed Weapons Permit

I, _____, hereby authorize my primary care physician to complete the information below, so the Middletown Police Department may determine my suitability to be issued a license or permit to carry a concealed firearm.

_____
(Signature)

---

I, _____, am the primary care physician for _____,
(Print Physician's Name) (Print Patient's Name)

and verify that I have/have not provided him/her with psychiatric/psychological treatment or referred him/her to any other
(Circle One and Initial)

medical professional for psychiatric/psychological treatment.

1. Is your patient currently under guardianship, treatment, or confinement by virtue of being mentally incompetent or a drug addict? **YES / NO** (Circle and Initial)

   If yes, explain _____

2. Is your patient currently under guardianship, treatment, or confinement by virtue of having an alcohol use disorder? **YES / NO** (Circle and Initial)

   If yes, explain _____

3. Is your patient a habitual abuser of alcohol or any legal or illegal controlled substances? **YES / NO** (Circle and Initial)

   If yes, explain _____

4. Has your patient ever been deemed a mental incompetent or drug addict by a competent medical authority? **YES / NO** (Circle and Initial)

   If yes, has there been a five (5) year lapse since your patient has been pronounced cured of their mental incompetence or drug addiction by a competent medical authority? **YES / NO** (Circle and Initial)

5. Is your patient a mentally stable person and a proper person to possess a firearm? **YES / NO** (Circle and Initial)

   If not, explain _____

_____ _____ Date: _____
(Print Physician's Name) (Physician's Signature)

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BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN TO BEFORE ME IN, _____ Rhode Island this _____Day of
Town/City

_____20___.

_____ _____ _____
Notary Public Signature Notary Public (Printed Name) My commission expires

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## APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

DATE: _____ PERMIT NUMBER_____

NAME _____
First Middle Last

ADDRESS _____
Number & Street Name **(No P.O. Boxes accepted)** City or Town State & Zip

TELEPHONE# (____) _____ (____) _____ (____) _____
Home Business Cell

E-MAIL (optional) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

PLACE OF BIRTH _____ HEIGHT _____WEIGHT _____

COLOR OF EYES _____ COLOR OF HAIR _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____
Number & Street Name City or Town State & Zip

JOB DESCRIPTION _____

_____

_____

_____

ARE YOU A CITIZEN OF THE UNITED STATES? ☐ Yes ☐ NO IF YES, 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 PREVIOUS ADDRESSES FOR THE **LAST THREE (3) YEARS**, INCLUDING DATES STARTING WITH THE MOST RECENT. (Attach a separate sheet of paper if necessary)

_____

_____

_____

_____

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HAVE YOU EVER BEEN ARRESTED OR CHARGED FOR ANY OFFENSE? ☐Yes ☐No

IF YES, GIVE DETAILS _____

_____

_____

HAVE YOU EVER BEEN CITED OR SUMMONED FOR ANY VIOLATION? ☐Yes ☐No

IF YES, GIVE DETAILS _____

_____

_____

HAVE YOU EVER BEEN UNDER GUARDIANSHIP, CONFINED OR TREATED FOR MENTAL ILLNESS? ☐Yes ☐No

IF YES, GIVE DETAILS _____

_____

_____

HAVE YOUEVER BEEN CONVICTED OF A CRIME? ☐Yes ☐No

IF YES, GIVE DETAILS _____

_____

_____

HAVE YOU EVER **PLED NOLO CONTENDERE** TO ANY CHARGE OR VIOLATION? ☐Yes ☐No

IF YES, GIVE DETAILS _____

_____

ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR? ☐Yes ☐No

IF YES, GIVE DETAILS AND DATES _____

_____

_____

HAVE YOU EVER HAD A LEGAL NAME CHANGE? ☐Yes ☐No

IF YES, LIST PREVIOUS NAMES _____

_____

_____

LIST ANY NICKNAMES OR ALIASES USED BY YOU:

_____

_____

_____

**********

HAVE YOU APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM A LOCAL CITY OR TOWN IN RHODE ISLAND? ☐ Yes ☐ No

IF YES, GIVE CITY OR TOWN _____

IF YES, CURRENT STATUS ☐ ACTIVE ☐ EXPIRED ☐ DENIED ☐ REVOKED

HAVE YOU APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM THE ATTORNEY GENERAL? ☐ Yes ☐ No

HAVE YOU APPLIED FOR A PERMIT TO CARRY A HANDGUN IN ANOTHER STATE? ☐ Yes ☐ No

IF YES, PROVIDE WRITTEN DOCUMENTATION OF THE STATUS OF THE PERMIT (ACTIVE OR EXPIRED) FROM THE ISSUING CITY OR TOWN AND STATE.

_____

HAVE YOU EVER BEEN DENIED A PERMIT TO CARRY CONCEALED? ☐ Yes ☐ No

IF YES, GIVE DETAILS _____

_____

_____

**(If you hold an active or expired permit, enclose a photocopy, notary-signed and dated, attesting that copies are true)**

**********

**NEW APPLICATIONS:** THREE (3) REFERENCES WITH REFERENCE LETTERS AND THREE (3) ADDITIONAL REFERENCES: FOR A TOTAL OF SIX (6) REFERENCES ARE REQUIRED FOR NEW APPLICATIONS. EACH REFERENCE LETTER WRITTEN ON YOUR BEHALF SHOULD DISCUSS YOUR CHARACTER AND/OR YOUR REASON(S) FOR REQUESTING A CONCEALED CARRY PERMIT. EACH REFERENCE LETTER MUST BE SIGNED, DATED, AND NOTARIZED. REFERENCE LETTERS MUST BE WRITTEN BY THE REFERENCE, NOT THE APPLICANT, AND CANNOT BE IDENTICAL. ALL THREE (3) REFERENCE LETTERS MUST BE INCLUDED IN THE APPLICATION PACKAGE.

| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |
|---|---|---|---|
| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |
| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |

**ADDITIONAL REFERENCES:** THREE (3) REFERENCES ARE REQUIRED FOR RENEWAL APPLICATIONS. NO REFERENCE LETTERS ARE REQUIRED UNLESS YOUR PERMIT HAS BEEN EXPIRED FOR THREE (3) YEARS OR MORE.

| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |
|---|---|---|---|
| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |
| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |

**NOTE: APPLICANTS SHOULD BE AWARE THAT APPLICATIONS MAY TAKE UP TO NINE MONTHS FOR A RESPONSE.**

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

APPLICANTS MUST QUALIFY AND THE INSTRUCTOR MUST COMPLETE THE SECTION BELOW WITHIN ONE (1) YEAR PRIOR TO SUBMITTING APPLICATION

WEAPON QUALIFICATION SCORE: _____ CALIBER OF WEAPON _____

ARMY-L _____ SCORE _____ RI COMBAT _____ SCORE _____

_____

**SIGNATURE OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER DATE**

_____

**PRINTED NAME & TELEPHONE # OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER**

_____

**N.R.A. NUMBER OR POLICE DEPARTMENT NAME**

A COPY OF THE INSTRUCTOR'S NRA/FBI CERTIFICATE OR CERTIFICATION CARD
**WITH A VISIBLE EXPIRATION DATE MUST BE INCLUDED**

**********

## AFFIDAVIT

I CERTIFY THAT **I HAVE READ AND AM FAMILIAR** WITH THE PROVISIONS OF **§11-47-1 TO §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, _____ (Town/City)
RHODE ISLAND

THIS _____ DAY OF _____ 20_____.

_____ _____
Notary Public Signature Notary Public (Printed Name)

My commission expires _____

**********

**OFFICE USE ONLY**

**********

**Application has been APPROVED / DENIED**

_____ _____
**Jason M. Ryan, Chief of Police** **Date**

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