



# MIDDLETOWN POLICE DEPARTMENT

123 Valley Road • Middletown, RI 02842-5237

Administrative (401) 846-1144  
Emergency (401) 846-1104  
Records (401) 849-3131  
Detectives (401) 846-0029  
Fax (401) 846-0175

Anthony M. Pesare  
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 Concealable 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

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## **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.

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

- Please **PRINT OR TYPE** application. Applications that are not legible will be returned.
- A typed letter must be submitted by **ALL** applicants stating the reason(s) 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 all together (must be six (6) separate individuals.) All three references letter 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.
- RENEWAL** applicants require three (3) references. NO reference LETTERS are required. Unless your permit has been expired for 3 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. (If applicable)
- All **NEW** pistol permits issued from this department must have a full set of applicant's fingerprints taken on an FBI fingerprint applicant card [FD-258 (Rev. 12-29-82)]. The fingerprint card must be signed by 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 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 the intent of this authorization is 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)

\_\_\_\_\_  
(Parent signature, if under 18 years of age)

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  
(Circle One)  
him/her to any other medical professional for psychiatric/psychological treatment.

1. Is he/she presently a habitual user of a controlled dangerous substance, unless the habitual use of a controlled dangerous substance is under licensed medical direction, alcohol dependent, or an addict?  
YES / NO (Circle One)
2. Has he/she exhibited a propensity for violence or instability that may reasonably render a person's possession of a concealed pistol a danger to the person or another?  
YES / NO (Circle One)
3. Does he/she currently suffer or has suffered in the previous five years from any mental disorder, illness, or condition that creates a substantial risk that he or she is a danger to himself or herself or others?  
YES / NO (Circle One)

\_\_\_\_\_  
(Print Physician's Name) \_\_\_\_\_ (Physician's Signature) Date: \_\_\_\_\_

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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 EVER BEEN CONVICTED OF A CRIME?

Yes  No

IF YES, GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER **PLED NOLO CONTENDRE** 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 ALIAS 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

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HAVE YOU APPLIED FOR A PERMIT TO CARRY A HANDGUN IN ANOTHER STATE?  Yes  No  
IF YES, 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 photocopy, notary-signed and dated, attesting copies are true)**

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**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	YearsKnown
Name	Address/City/State/Zip	home/cell/work phone numbers	Years Known
Name	Address/City/State/Zip	home/cell/work phone numbers	YearsKnown

**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	YearsKnown
Name	Address/City/State/Zip	home/cell/work phone numbers	Years Known
Name	Address/City/State/Zip	home/cell/work phone numbers	YearsKnown

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

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

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

WEAPON QUALIFICATION SCORE: \_\_\_\_\_ CALIBER OF WEAPON \_\_\_\_\_

ARMY-L \_\_\_\_\_ SCORE \_\_\_\_\_ RICOMBAT \_\_\_\_\_ 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**

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

\*\*\*\*\*

**AFFIDAVIT**

I CERTIFY THAT I HAVE READ AND I 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 PENALITIES 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**

\_\_\_\_\_  
**Anthony M. Pesare, Chief of Police**

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

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