



Portsmouth Police Department

APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

Date _____

Name _____
First Middle Last

Address _____
Street Name and Number (NO P.O. Boxes accepted) City or Town State & Zip

Date Of Birth _____ Place Of Birth _____

Height _____ Weight _____ Color of Eyes _____ Color Of Hair _____

Social Security # _____ Occupation _____

Employed By _____

Employer's Street Name and Number City or Town State & Zip

Detailed Job Description _____

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.)

Telephone Numbers _____
Home Business Mobile



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List all addresses for the last three years, including dates and locations.

Have you ever been arrested? _____ If so, give details _____

Have you ever been under guardianship or confined or treated for mental illness? _____ If so, give details. _____

Have you ever been convicted of a crime? _____ If so, give details _____

Have you ever pled nolo contendere to any charge or violation? _____ If so, give details _____

Are you under indictment in any court for a crime punishable by imprisonment exceeding one year? _____
If so, give details and dates _____

Have you applied for a permit to carry a concealed pistol or revolver from the Attorney General or a local city or town in Rhode Island? _____ If so, give city or town _____

If so, is it currently: Active? _____ Expired? _____ Denied? _____ Revoked? _____

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



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Have you ever applied for a pistol permit to carry a handgun in another state? : Yes _____ No _____

If Yes, State and City _____

Were you denied? _____ If so, give details _____

Send photocopy of out-of-state permit or license

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 for your need for a Rhode Island permit. (Only **typed** letters will be accepted)

Two (2) types of positive identification must be submitted. Examples: birth certificate, Rhode Island or other state driver's license, or Rhode Island identification card.

A photocopy of any two 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) references are required:

Name	Address/City/State/Zip	Area Code/Tele #	Years Known

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**Note: The Rhode Island combat course is for law enforcement personnel only
All others must qualify in accordance to 11-47-15**

Applicant must qualify and instructor must complete section below within one (1) year prior to submitting application.

Weapon qualification score: _____ **Caliber of weapon:** _____

AMY-L _____ Score _____ R.I. 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

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 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 Day Year