

Connecticut Department of Public Safety ("DPS")
Division of State Police
Special Licensing and Firearms Unit

PISTOL PERMIT APPLICATION

- 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. For those without Internet access, please contact your local library.
- For DPS, Division of State Police, pistol permit locations, access www.ct.gov/dps and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290.

I. Type of Permit Requested:

Check Box:

- ☒ Temporary State Pistol Permit
☐ Non-Resident State Pistol Permit
☐ Eligibility Certificate to Purchase Pistols or Revolvers

II. Instructions:

Instructions for Temporary State Pistol Permits:

1. Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first selectperson, as applicable) along with the below:
 - 1650 ▪ Completed State and Federal fingerprint cards with \$50.00 fee and \$19.25 fee payable to DPS for criminal history background checks
 - Firearms Safety & Use Course Certificate
 - \$70.00 payable to the local authority
 - 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. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days
 3. Within the 60 day period, go to a DPS, 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 payable to DPS
 - 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.)
- Your photograph will be taken at DPS.

Instructions for Non-Resident State Pistol Permits: (Contact DPS for packet)

- You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.*
- Complete this form and submit to DPS, Division of State Police, pistol permit location along with the below:
- Completed State of CT and Federal fingerprint card with \$50.00 fee and \$19.25 fee payable to DPS for criminal history background checks
 - Firearms Safety & Use Course Certificate
 - \$70.00 payable to DPS
 - Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C).
 - Complete DPS-129-C and attach 2x2 color photograph passport style), and the "Authorization for Release of Personal Information" sign and have both notarized.
 - A copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction
 - 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.)

Provide Out of State Pistol Permit Information:

State of Issue: _____

Expiration Date: _____

Permit Number: _____

Instructions for Eligibility Certificates to Purchase Pistols or Revolvers:

- Complete this form and submit to DPS, Division of State Police, pistol permit location along with the below:
- Completed State and Federal fingerprint card with \$50.00 fee and \$19.25 fee payable to DPS for criminal history background checks
 - Firearms Safety & Use Course Certificate
 - \$35.00 payable to DPS
 - Application for a State Eligibility Certificate for a Pistol or Revolver (DPS-164-C)
 - 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.)

12-15662

III. COMPLETE BELOW: (All Applicants)**A. Contact Information/Identifying Information:**

Name of Applicant

KAUUMM, .

Last

Suffix

CHRISTOPHER P.

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

12/19/1986

Month/Day/Year

Sex

☐ F☒ M

Height

5 Ft. 10 In.

Weight

150 Lbs.

Race: White

Use NCIC personal code descriptors for guidance

Place of Birth

LANDER, WY

City/Town

State

Social Security Number

Country of Citizenship

UNITED STATES

Alien Reg. Number (If applicable)

Residential Address (List street address. Post office box numbers are not acceptable)

24 GROVE ST APT 32

Number/Street

VERNON, CT. 06066-

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

1. 1607 Main ST APT 320, Springfield, MA

2. 3740 Hawthorne Ave, Casper, WY

Mailing Address (If different from current residential address above)

Number/Street

City/Town

State

Zip Code

Home Telephone Number

(206) 743-5810

Area Code

Motor Vehicle Operators License Number

248948101 CT

State of Issue

B. Employment History:

List Employers for the Last 7 Years (Provide employer's name, address and telephone number)

(Attach additional sheet(s), if necessary)

1. Broad band Access Services

2. PAR Electrical Contractors

3. The Dennis Group, LLC
Western Area Power Administration**C. Permit History:**Have you had a firearms permit or permit application from ANY jurisdiction in the United States denied, suspended or revoked? ☒ NO ☐ YES

If "YES," provide:

Identify the jurisdiction which issued the denial, suspension or revocation: _____

Date of denial, suspension or revocation: _____

The reason for the denial, suspension or revocation: _____

D. Medical History:

Have you been confined in a hospital for mental illness in the past twelve (12) 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)

Notice: DPS herein notifies the applicant that, pursuant to Connecticut General Statutes Sections 29-28 through 29-38b, DPS 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 twelve (12) months by order of probate court.

E. 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)

Have you ever 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?

F. Military History:

Were you ever a member of the Armed Forces of the United States? ☒ NO ☐ YES

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

*If you have ever been a member of the Armed Forces of the United States and have been discharged, attach a copy of your DD-214.

G. 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, signed by the pistol or revolver instructor.

Instructor: (Check Applicable Box)

- ☒ National Rifle Association
☐ Department of Environmental Protection
☐ Other: _____

State Instructor's Name and ID #: Brian R. Kowalczyk 022292129

H. Declaration:

I understand that any false statements made herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of their official function, is punishable in Connecticut pursuant to state statute (C.G.S. Sec. 53a-157b). I further understand that any statements in this application that is determined to be false or inaccurate shall constitute grounds for the permit or certificate not to be issued, or if issued before the facts are known, shall be cause for revocation. 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: 10/19/12

Signed Christopher P. Krumm

STATE OF Connecticut

COUNTY OF Hartford

Print Name Christopher P. Krumm

Subscribed and sworn to before me this 19th day of October 2012

Ruth J. Russell
Name: Ruth J. Russell

Notary Public

My Commission Expires: My Commission Expires Jan. 31, 2016

Commissioner of Superior Court

NOTICE: Appeal Process for Permits

In the event that your application to carry pistols or revolvers is denied or your permit is revoked, you may notify the Board of Firearm Permit Examiners, 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 be reinstated. Additionally, in the event that your permit application has not been processed by the local issuing authority within eight (8) weeks, you should notify the Board of Firearm Permit Examiners. Contact Information for the Board of Firearm Permit Examiners: 505 Hudson Street, 5th Floor, Hartford, CT 06106. Telephone (860) 566-7078 or (800) 996-7078.

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 # _____

Application Status:

☐ Approved ☐ Denied

(Signature and title of issuing authority)