

Allan Fung  
Mayor



Colonel Michael J. Winquist  
Chief of Police

*“A Nationally Accredited Agency”*  
**DEPARTMENT OF POLICE**  
5 GARFIELD AVENUE  
CRANSTON, RHODE ISLAND 02920  
Phone (401) 942-2211  
Fax (401) 477-5113

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

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

1. This official application form must be filled out completely by the applicant then notarized prior to its submission. Please **PRINT OR TYPE** application or ***IT WILL BE RETURNED.***
2. The applicant must verify that he/she either owns a business in or is a resident of the City of Cranston by providing a current utility bill or tax bill.
3. Enclose two (2) (1”x 1”) pictures of the applicant taken without headgear or glasses. This photo must be a clear picture of the head and face. Please PRINT applicant’s name on the back of each picture. NO laminated photos will be accepted.
4. Proof of the qualification before a certified weapons instructor; i.e., N.R.A. Instructor or Police range instructor must be supplied. **Along with a copy of the instructor’s NRA/FBI firearms instructor’s certification.**
5. Two types of positive identification must be submitted, photocopied, signed and dated by a Notary Public, attesting to be true copies.
6. If the permit is to be used for employment, a **TYPED** letter from the applicant’s employer on their letterhead must be included with the application.
7. If the permit is **not** for employment, a typed letter must be submitted by the applicant stating the reasons why a permit is needed on a full time basis. All letters must be signed and dated by a Notary Public. We will not accept a photocopy of any signature.
8. All new pistol permits issued from this office must have a full set of applicant’s fingerprints submitted on a **FBI FINGERPRINT APPLICANT CARD [FD-258 (Rev. 12-29-82)]** included with the application. Fingerprint card must be signed by applicant. This is not necessary for a renewal application.
9. All fingerprinting is done by appointment only and requires a \$38.00 (thirty-eight) CHECK OR MONEY ORDER at the time of your appointment. You may call (401) 477-5024 for an appointment.
10. **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, stating that they retired in good standing.
11. According to RIGL §11-47-12, a permit fee of \$40 shall be charged. A check or money order totaling \$40.00 (forty) and made payable to the ***City of Cranston*** must be presented when picking up the permit.

**DO NOT SEND ANY CASH, CHECK OR MONEY ORDER WITH YOUR APPLICATION**

12. Three (3) original letters of reference **MUST** be submitted with this application. The letters must contain the reference's signature and be notarized by a Notary Public.

***This application, fingerprint card, and photos become part of the records of the Cranston Police Department and will not be returned.***

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

DATE: \_\_\_\_\_ **PERMIT NUMBER** \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
Street Name and Number (NO PO Boxes accepted) City or Town State & Zip

**\*\* IF APPLYING AS A BUSINESS \*\***

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street Name and Number (NO PO Boxes accepted) City or Town State & Zip

TELEPHONE  
NUMBER \_\_\_\_\_  
Home Business Cell

SOCIAL SECURITY  
NUMBER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYED  
BY \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street Name & Number City or Town State & Zip

**\*\* PLEASE ATTACHED A DETAILED JOB DESCRIPTION ON A SEPARATE PAGE \*\***

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

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.)

LIST ALL ADDRESSES FOR THE LAST THREE YEARS, INCLUDING DATES AND LOCATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_

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

\_\_\_\_\_

HAVE YOU EVER BEEN UNDER GUARDIANSHIP OR CONFINED OR TREATED FOR MENTAL ILLNESS? \_\_\_\_\_ IF YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

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

\_\_\_\_\_

HAVE YOU EVER PLED NOLO CONTENDRE TO ANY CHARGE OR VIOLATION? \_\_\_\_\_

IF YES, GIVE DETAILS AND DATE \_\_\_\_\_

ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR? \_\_\_\_\_ IF YES, 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 YES, GIVE CITY OR TOWN \_\_\_\_\_ IF YES, IS IT CURRENTLY

ACTIVE? \_\_\_\_\_ EXPIRED? \_\_\_\_\_ DENIED? \_\_\_\_\_ REVOKED? \_\_\_\_\_

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

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

ATTACH A PHOTOCOPY OF YOUR OUT-OF-STATE PERMIT OR LICENSE

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HAVE YOU EVER HAD A LEGAL NAME CHANGE? \_\_\_\_\_ IF YES, PLEASE STATE

PLEASE LIST NICKNAMES OR ALIAS USED BY YOU \_\_\_\_\_

**Please provide the following with this application:**

1. A photo copy of two types of positive identification must be submitted, signed and dated by a Notary Public attesting as being true copies. Examples: Birth Certificate, Rhode Island State Driver's License, Rhode Island Identification Card, Passport.
2. Per Rhode Island General Law §11-47-11 must have a bona fide residence or place of business within the City of Cranston. Please provide copies of a current utility bill. Examples: National Grid Gas, National Grid Electric, Cable, Water bill or current Tax bill. If you a business in the City of Cranston, please provide a copy of local or state sales permit or any other documents showing proof of ownership of the business.

**Three original letters of reference are required. Only signed and notarized letters will be accepted.**

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Name	Address/City/State/ZIP	Area Code/Tel. No.	Years Known
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Name	Address/City/State/ZIP	Area Code/Tel. No.	Years Known
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Name	Address/City/State/ZIP	Area Code/Tel. No.	Years Known
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**NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY. ALL OTHERS MUST QUALIFY IN ACCORDANCE TO §11-47-15**

WEAPONS QUALIFICATION SCORE: CAL. OF WEAPON \_\_\_\_\_

AMY-L \_\_\_\_\_ SCORE \_\_\_\_\_ RI COMBAT \_\_\_\_\_ SCORE \_\_\_\_\_

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

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

\_\_\_\_\_  
**N.R.A. # 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**

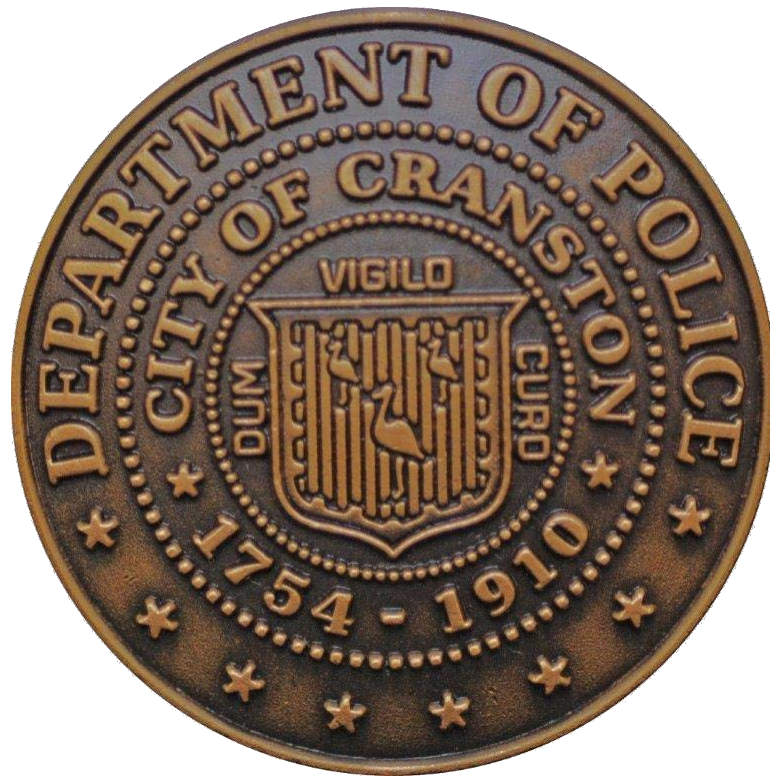
BEFORE A NOTARY PUBLIC  
SUBSCRIBED AND SWORN TO BEFORE ME IN \_\_\_\_\_, RHODE ISLAND

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public Signature**

\_\_\_\_\_  
**Notary Public (Name Printed)**

MY COMMISSION EXPIRES ON \_\_\_\_\_  
Month Year State



***All permits will expire **FOUR (4) YEARS** from the date of issue. The renewal of your permit is your obligation. You will not receive notice of permit expiration.***

**Please see our website ([www.cranstonpoliceri.com](http://www.cranstonpoliceri.com)) as well as follow us on Facebook and Twitter for updated information and notifications.**