

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.

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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.

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

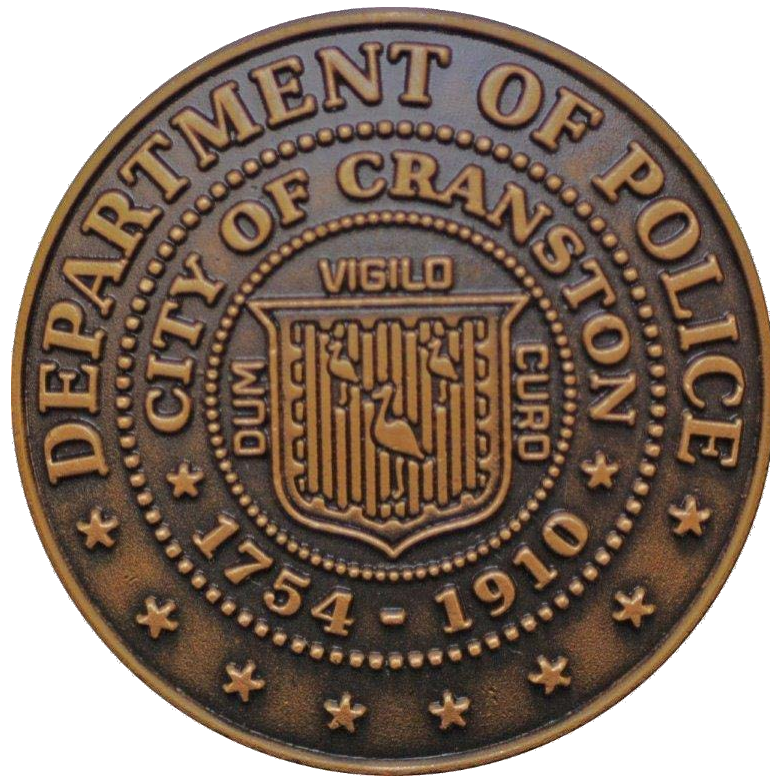
BEFORE A NOTARY PUBLIC
SUBSCRIBED AND SWORN TO BEFORE ME IN _____, RHODE ISLAND

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) as well as follow us on Facebook and Twitter for updated information and notifications.