

“The Cranston Police Department is currently accepting carry concealed weapon permits from individuals who reside or own a business in the City of Cranston or reside outside the state. To best accommodate our local residents and business owners, we are no longer accepting applications from in-state residents who live outside of Cranston or do not own a business in the city without proof that an application was first made with their local licensing authority or Rhode Island Attorney General’s Office. If the local licensing authority or Attorney General’s Office is unable to accommodate the applicant, it will be accepted for review and consideration at that time.”

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. If the applicant is a resident of the City of Cranston or owns a business in the City of Cranston, the applicant must verify that status by providing a copy of a current utility bill or tax bill related to the Cranston residence or business. If the applicant is not a resident of the City of Cranston and does not own a business in the City of Cranston, the applicant must provide a copy of a current utility bill or tax bill related to his/her current residence and a copy of a license or permit to carry a concealed weapon issued by any other state or subdivision of the United States.
3. Enclose one (1) passport photo 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. 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**
6. If the permit is **not** for employment, a typed letter must be submitted by the applicant stating the reason requesting the license to carry a concealed weapon. All letters must be signed and dated by a **Notary Public**. We will not accept a photocopy of any signature.
7. 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.
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 fingerprint card may be obtained through any state of RI Police Department or from the RI Attorney General's office located at the Howard Complex in Cranston. This is not necessary for a renewal application.
9. All fingerprinting is done by appointment only and requires a \$15.00 (fifteen dollars) **CHECK OR MONEY ORDER** at the time of your appointment and made payable to the ***City of Cranston***. You may call (401) 477-5024 for an appointment.
10. 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

This application, fingerprint card, and photo become part of the records of the Cranston Police Department.

Allan Fung
Mayor



Colonel Michael J. Winquist
Chief of Police

APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

DATE: _____ PERMIT NUMBER _____

NAME _____
FIRST MIDDLE NAME LAST

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

TELEPHONE
NUMBER _____
Home Business Cell

DATE OF BIRTH _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

SOCIAL SECURITY
NUMBER _____ OCCUPATION _____

EMPLOYED
BY _____

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

ARE YOU A CITIZEN OF THE UNITED STATES? _____ HOW LONG? _____

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

BUSINESS NAME _____

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

(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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Mayor



Colonel Michael J. Winquist
Chief of Police

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 TREATED FOR ADDICTION TO A CONTROLLED SUBSTANCE?

_____ IF YES, GIVE DETAILS _____

HAVE YOUR **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 **EVER** 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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Mayor



Colonel Michael J. Winqvist
Chief of Police

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. If the applicant is a resident of the City of Cranston or owns a business in the City of Cranston, the applicant must verify that status by providing a copy of a current utility bill or tax bill related to the Cranston residence or business. If the applicant is not a resident of the City of Cranston and does not own a business in the City of Cranston, the applicant must provide a copy of a current utility bill or tax bill related to his/her current residence and a copy of a license or permit to carry a concealed weapon issued by any other state or subdivision of the United States.
3. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I UNDERSTAND THAT A FAILURE TO PROVIDE COMPLETE, TRUE AND CORRECT INFORMATION IN THIS APPLICATION IS CAUSE FOR DENIAL OF THIS APPLICATION AND MAY LEAD TO CRIMINAL PROSECUTION. I FURTHER UNDERSTAND THAT ANY ALTERATION OF ANY CONCEALED WEAPON PERMIT ISSUED BY THE CITY OF CRANSTON IS CAUSE FOR REVOCATION.

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
Name	Address/City/State/ZIP	Area Code/Tel. No.	Years Known
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 R.I. GEN. LAWS §§ 11-47-1 TO 11-47-63 AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATIONS OF THE PROVISIONS OF §§ 11-47-1 TO 11-47-63. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I UNDERSTAND THAT A FAILURE TO PROVIDE COMPLETE, TRUE AND CORRECT INFORMATION IN THIS APPLICATION IS CAUSE FOR DENIAL OF THIS APPLICATION AND MAY LEAD TO CRIMINAL PROSECUTION. I FURTHER UNDERSTAND THAT ANY ALTERATION OF ANY CONCEALED WEAPON PERMIT ISSUED BY THE CITY OF CRANSTON IS CAUSE FOR REVOCATION.

APPLICANT'S SIGNATURE

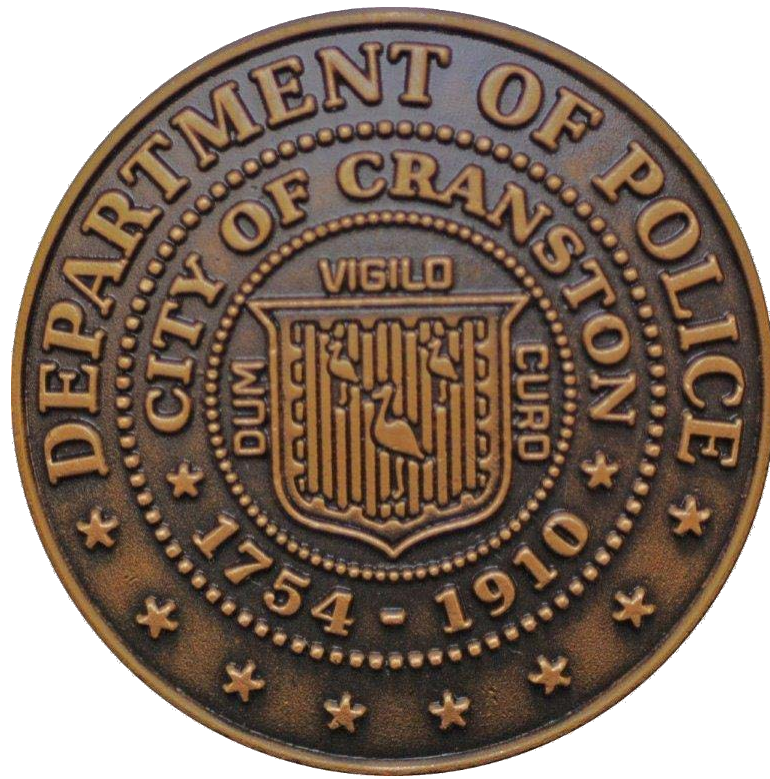
BEFORE A NOTARY PUBLIC
SUBSCRIBED AND SWORN TO BEFORE ME IN _____, RHODE ISLAND

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.