

Allan W. Fung
Mayor



Colonel Michael J. Winquist
Chief of Police

RENEWAL APPLICATION FOR LICENSE TO CARRY A CONCEALED WEAPON

ACCORDING TO RI GL §11-47-12, A PERMIT FEE OF \$40 SHALL BE CHARGED

YOU MUST PROVIDED (1) NEW PASSPORT PHOTO

YOU MUST ALSO PROVIDE PROOF OF RESIDENCY IN FORM OF TAX BILL OR UTILITY BILL

DATE _____ PERMIT NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET (NO PO BOXES ACCEPTED) CITY STATE ZIP

PHONE _____
HOME BUSINESS CELL

SOCIAL SECURITY NUMBER _____ OCCUPATION _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

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

BUSINESS NAME _____

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

JOB DESCRIPTION _____

HAVE YOU EVER ARRESTED IN THE LAST 5 YEARS? _____
(IF YES PLEASE PROVIDE DETAILS ON A SEPARATE TYPED SHEET OF PAPER)

Signed before me, this _____ day of _____, 20____.

Notary Public Signature

Applicant Signature

My commission Expires _____

Allan Fung
Mayor



Colonel Michael J. Winqvist
Chief of Police

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