

Allan W. Fung  
Mayor



Colonel Michael J. Winquist  
Chief of Police

**RENEWAL APPLICATION FOR LICENSE TO CARRY A CONCEALED WEAPON**

DATE \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_  
STREET (NO PO BOXES ACCEPTED) CITY STATE ZIP

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

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

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

PHONE \_\_\_\_\_  
HOME BUSINESS CELL

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

JOB DESCRIPTION \_\_\_\_\_

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

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

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

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

**YOU MUST PROVIDE TWO (2) NEW PHOTOS 1" x 1"**

Signed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Applicant Signature

My commission Expires \_\_\_\_\_

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**\*\*RENEWAL APPLICANTS ARE REQUIRED TO REQUALIFY IN ORDER TO OBTAIN PERMIT\*\***

NOTE: The RI combat course is for law enforcement personnel only. All others MUST qualify in accordance to RI GL §11-47-15

WEAPONS QUALIFICATION SCORE \_\_\_\_\_ CALIBER OF WEAPON \_\_\_\_\_

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

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

\_\_\_\_\_  
PRINTED NAME & TELEPHONE NUMBER

\_\_\_\_\_  
N.R.A. NUMBER OR POLICE DEPARTMENT NAME

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 own 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.

Signed before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
My commission Expires