



**RENEWAL APPLICATION FOR FIREARM PERMIT FOR ACTIVE/RETIRED POLICE OFFICERS ISSUED BY THE CITY OF CRANSTON**

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

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

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

TELEPHONE # \_\_\_\_\_  
Home Business Cell

DOB \_\_\_\_\_ HGT. \_\_\_\_\_ WGT. \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

TYPE OR PRINT ON A SEPARATE SHEET SPECIFIC REASONS FOR YOUR NEED FOR A CITY OF CRANSTON PERMIT.