



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.

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