

Application for State Permit to Carry Pistols and Revolvers

Pursuant to C.G.S. §29-28



Permit Number: _____

Official Use Only

Name:

Last **First** **MI**

Current Address:

Number Street City/Town State Zip

Previous Address:

Number Street City/Town State Zip

Social Security Number: (Optional but will help prevent misidentification) Motor Vehicle Operator's License Number and State:

Reason for Permit:

Local Permit From:

Name of City/Town of Borough Date of Permit

DOB:	Race:	Sex:	Eye Color:	Height:	Weight:
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Dated at _____ this _____ day of _____ 20 _____

Signature of Applicant

FOR OFFICIAL USE ONLY

Name Change Information:

Name: _____ No.: _____

Address: _____ City: _____

Pursuant to Connecticut General Statutes Section 29-28, the Department of Emergency Services and Public Protection herein notifies the applicant that this agency will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined in a hospital for persons with psychiatric disabilities within the preceding sixty (60) months by order of a Probate Court, or if the applicant has been voluntarily admitted to a hospital for persons with psychiatric disabilities within the preceding six (6) months for reasons other than solely for alcohol or drug dependence. This information will be used by this agency to fulfill its legal obligations pursuant to Connecticut General Statutes Section 29-28.

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