



FOSTER POLICE DEPARTMENT
182 Howard Hill Rd, Foster, Rhode Island 02825
Ph# 401-397-3317
Chief David J. Breit

APPLICATION FOR LICENSE TO CARRY A CONCEALED WEAPON

Dear Applicant:

By applying for a permit to carry a pistol or revolver with the Town of Foster, you are exercising your right under Rhode Island General Law § 11-47-11. It is this statute which gives the Town of Foster the right to administer this program in accordance with the law. It is intended as a service to the people of Rhode Island.

It is important to remember that a permit to carry a pistol or revolver **does not authorize you to use the firearm**. Such usage of a handgun is regulated by other provisions of RI law. Please carefully read the enclosed policy regarding the issuance of the pistol or revolver permit. It is intended to serve as a guideline to aid you in understanding the authority and responsibility of the Town of Foster to carry out RI law. Also contained in this application are the RI General Laws relating to weapons, known as the Firearms Act. Before you are granted a permit to carry a pistol or revolver, you must acknowledge that you are familiar with the provisions of the Act.

The State Of Rhode Island General Laws - Title 47 can also be accessed at the following internet site:
<http://www.rilin.state.ri.us/Statutes/Statutes.html>

This application package does not include Federal laws pertaining to firearms. You must observe both Federal and RI laws. Federal law is administered by Federal agencies. For information relative to Federal regulation of firearms, you may contact the Bureau of Alcohol, Tobacco, and Firearms.

The application itself must be filled out **completely and truthfully**. It is a **crime** to **knowingly give false information** to **obtain a permit to carry a pistol or revolver**. Please read the instructions carefully and note that first time and renewal applicants must supply all information being requested to the Town of Foster at the time of application.

The submission of the application for a permit to carry a pistol or revolver is the beginning of a process of review by the Foster Police Department, which culminates in a recommendation of affirmation or denial. Should your application be denied, you will be advised by mail. The applicant may appeal the decision as set forth under Rhode Island Law.

A successful applicant for a permit to carry a pistol or revolver will be notified by phone to respond personally to the Foster Police Department to obtain the permit. Please exercise your privilege to carry a pistol or revolver in the State of Rhode Island responsibly, properly, and safely.

Sincerely yours,
David J. Breit
Chief of Police

PAGE #1 PRIMARY INFORMATION

PAGE #2 BACKGROUND QUESTIONS

PAGE #3 REFERENCES

WEAPONS QUALIFICATION

YOU MUST FILL OUT THE FOSTER POLICE FORM WEAPONS QUALIFICATION SCORE
Do Not submit a qualification form from any other agency.

PAGE #4 NOTARY PUBLIC

NOTARY PUBLIC must notarize and sign on two (2) pages: Page 4 and Page 7

PAGE #5 OUT-OF-STATE PERMIT

If you are not a resident of the town of Foster, you must provide a notarized copy of your out-of-state carry permit. * *Enclose a copy of expired permits*

PAGE #6 NRA INSTRUCTOR'S CARD

The Instructor's certificate must be an active certificate showing the expiration date and NRA #.

PAGE #7 TWO NOTARIZED COPIES OF POSITIVE IDENTIFICATION WITH PICTURES

Choose two (2) of the following:

- ◆ a birth certificate ◆ a state driver's license ◆ a state ID ◆ a valid passport

PAGE #8 LETTER OF NECESSITY

A typed, dated, letter of explanation as to why you want a Concealed Carry Permit and how you will secure the weapons when not in use.

If your employer requires the permit, it must be on their company letterhead.

Photocopy letters will not be accepted.

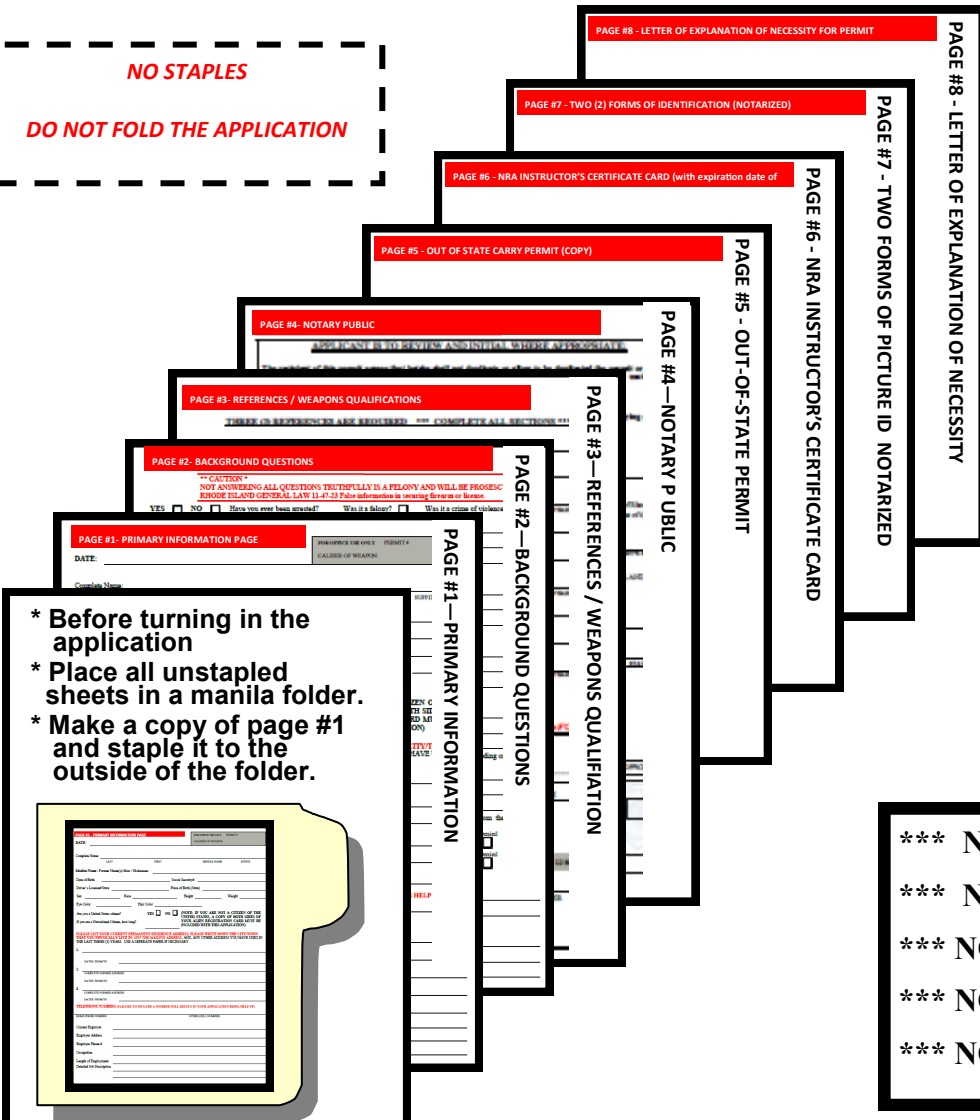
**PAYMENT OF \$40.00
ATTACH TO APPLICATION**

**MADE PAYABLE BY CHECK, OR MONEY ORDER.
FILL OUT CHECK OR MONEY ORDER TO TOWN OF FOSTER**



**THE COMPLETED PACKET
WILL CONSIST OF:**

NO STAPLES
DO NOT FOLD THE APPLICATION

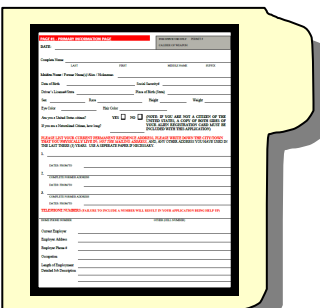


**YOUR APPLICATION IS
CONSIDERED
COMPLETE AND READY
TO SUBMIT
IF YOU HAVE THE
FOLLOWING
PAPERWORK
AND IT IS SUBMITTED
IN THE FOLLOWING
ORDER:**

**PAGES 1,2,3,4
PROVIDED BY FOSTER POLICE**

**PAGES
5,6,7,8
ARE PROVIDED BY YOU**

- * Before turning in the application
- * Place all unstapled sheets in a manila folder.
- * Make a copy of page #1 and staple it to the outside of the folder.



- *** NO PHOTOS
- *** NO FINGERPRINT CARDS
- *** NO TARGETS
- *** NO PHOTOS OF TARGETS
- *** NO TRAINING CERTIFICATES

FOR OFFICE USE ONLY PERMIT #
CALIBER OF WEAPON:

DATE: _____

Complete Name: _____
LAST FIRST MIDDLE NAME SUFFIX

Maiden Name / Former Name(s)/Alias / Nicknames _____

Date of Birth _____ Social Security# _____

Driver's License#/State _____ Place of Birth (State) _____

Sex _____ Race _____ Height _____ Weight _____

Eye Color _____ Hair Color _____

Are you a United States citizen? YES NO

(NOTE: IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, A COPY OF BOTH SIDES OF YOUR ALIEN REGISTRATION CARD MUST BE INCLUDED WITH THIS APPLICATION)

If you are a Naturalized Citizen, how long? _____

WHERE DO YOU LIVE NOW? DO NOT USE YOUR MAILING ADDRESS.

1. _____

DATES: FROM/TO _____

PREVIOUS ADDRESS FOR THE LAST THREE YEARS.

2. _____

DATES: FROM/TO _____

TELEPHONE NUMBERS (FAILURE TO INCLUDE A NUMBER WILL RESULT IN YOUR APPLICATION BEING HELP UP)

HOME PHONE NUMBER OTHER (CELL NUMBER)

Current Employer _____

Employer Address _____

Employer Phone # _____

Occupation _____

Length of Employment _____

Detailed Job Description

**** CAUTION *
NOT ANSWERING ALL QUESTIONS TRUTHFULLY IS A FELONY AND WILL BE PROSECUTED.
RHODE ISLAND GENERAL LAW 11-47-23 False information in securing firearm or license.**

YES NO Have you **ever** been arrested? Was it a felony? Was it a crime of violence?

If yes, please provide details, _____

YES NO Have you **ever** been under guardianship or confined or treated for mental illness?

If yes, please provide details, _____

YES NO Have you **ever** been convicted of a crime?

If yes, please provide details, _____

YES NO Have you **ever** pled Nolo-Contendre to any charge or violation?

If yes, please provide details, _____

YES NO Are you under indictment in any court for a crime punishable by imprisonment exceeding one year?

If yes, please provide details, _____

YES NO Have you **ever** applied for a permit to carry a concealed pistol or revolver from the Attorney General's Office or a local city or town in Rhode Island?

If yes, what agency/municipality? _____ Active Expired Denied Revoked

If yes, what agency/municipality? _____ Active Expired Denied Revoked

YES NO Have You **Ever** Applied For Permit To Carry A Handgun In Another State?

If yes, please provide City and State _____

If yes, please provide City and State _____

YES NO Were you denied, or was the permit revoked?

If yes, please provide details, _____

YES NO Have you applied for a permit to carry a concealed pistol or revolver from your local Police Department (the town that you currently live in)?

If not, why not? please provide details, _____

THREE (3) REFERENCES ARE REQUIRED * COMPLETE ALL SECTIONS *****

1. _____
NAME

ADDRESS/CITY/STATE/ZIP

TELEPHONE #

NUMBER OF YEARS KNOWN

2. _____
NAME

ADDRESS/CITY/STATE/ZIP

TELEPHONE #

NUMBER OF YEARS KNOWN

3. _____
NAME

ADDRESS/CITY/STATE/ZIP

TELEPHONE #

NUMBER OF YEARS KNOWN

*** THE FIREARMS INSTRUCTOR MUST FILL OUT THIS Weapon Qualification Score FORM***

WEAPON QUALIFICATION SCORE: CALIBER OF WEAPON _____ ----- _____

ARMY - L **SCORE**

R.I. COMBAT **SCORE**

CIVILIANS ONLY

LAW ENFORCEMENT ONLY

SIGNATURE OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER

DATE

VOID AFTER 12 MONTHS

PRINTED NAME OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER

PRINTED TELEPHONE NUMBER

N.R.A. NUMBER OR POLICE AGENCY NAME

APPLICANT IS TO REVIEW AND INITIAL WHERE APPROPRIATE:

The recipient of this permit agrees that he/she shall not duplicate or allow to be duplicated the permit or any part of it, including, but not limited to, the State Seal or a facsimile thereof contained therein in any matter. The recipient expressly agrees that any violation of this provision is grounds to revoke his or her permit.

(initial) _____

I have reviewed all Rhode Island General Laws (11-47 1-63) concerning possession, storing and carrying a firearm in Rhode Island.

(initial) _____

If the permit is lost, stolen or destroyed, I agree to notify the Foster Police immediately.

(initial) _____

AFFIDAVIT

I certify that I have read and I am familiar with the provisions of 11-47-1 to 11-47-62, inclusive, of the General Laws of Rhode Island, 1956, as amended, as well as all federal statutes pertaining to firearms and that I am aware of the penalties for violations of the provisions of the cited sections. I further understand that any alteration of this permit is just 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 PRINTED NAME

MY COMMISSION EXPIRES ON _____ MONTH _____ DAY _____ YEAR _____ STATE

FOR OFFICE USE ONLY

METHOD OF PAYMENT

CASH

CHECK

MONEY ORDER

APPROVED **DENIED**

POLICE CHIEF DAVID J. BREIT