



TIVERTON POLICE DEPARTMENT
APPLICATION FOR PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER
TPD 13-130 REV. 07/2018

Dear Applicant:

By applying for a permit to carry a pistol or revolver with the Tiverton Police Department, you are exercising your right under Rhode Island General Law §11-47-11. This statute gives the licensing authorities of any city or town the ability to, upon application of any person twenty-one (21) years of age or over having a bona fide residence or place of business within the city or town, or of any person twenty-one (21) years of age or over having a bona fide residence within the United States and a license or permit to carry a pistol or revolver concealed upon his or her person issued by the authorities of any other state or subdivision of the United States, issue a license or permit to the person to carry concealed upon his or her person a pistol or revolver everywhere within this state for four (4) years from date of issue, **if it appears that the applicant has good reason to fear an injury to his or her person or property or has any other proper reason for carrying a pistol or revolver, and that he or she is a suitable person to be so licensed.**

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 Attorney General 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.

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 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 members of the Tiverton Police Department, which culminates in a recommendation of affirmation or denial. Should your application be denied, you will be advised by mail. If you wish to appeal this finding, you may contact the Chief of Police 401-625-6717 and a personal interview will be scheduled to reconsider the application.

A successful applicant for a permit to carry a pistol or revolver will be notified to respond personally to Tiverton Police Headquarters to obtain the permit. Please exercise your privilege to carry a pistol or revolver in the State of Rhode Island responsibly, properly, and safely. Applications may be submitted **Monday through Friday, 7:00am to 3:00pm (excluding holidays)** at the Records Window or with the Staff Lieutenant. An appointment for fingerprints and photographs will be made at that time. For further information regarding applications to carry a pistol or revolver, please visit the Rhode Island Attorney General's website at www.riag.ri.gov/bci/permits.

Sincerely,

Patrick W. Jones, Chief of Police

INTRODUCTION

Pursuant to Rhode Island General Laws § 11-47-11, the licensing authorities of any city or town shall issue a license or permit to carry a pistol or revolver to any person twenty-one (21) years of age or over upon a proper showing of need. This statute requires the licensing authority to deny a pistol permit to all persons who do not demonstrate a proper showing of need to carry a pistol or revolver on their person. No one in the State has a right to obtain a pistol permit. A pistol permit is a privilege left to the discretion of the Attorney General or the licensing authority of the city or town. The licensing authority for the Town of Tiverton is the Chief of the Tiverton Police Department.

The Chief of Police will exercise his discretion in a manner designed to protect the public at large as well as the individual applicant for a pistol permit.

Pursuant to R.I. Gen. Laws § 11-47-15, the applicant must also qualify to obtain a permit. The right to carry a loaded, concealed firearm in public is different from the right to purchase or possess a handgun in one's own home or business. The privilege to carry a concealed firearm is limited to those who demonstrate a need for, and an understanding and acceptance of, this responsibility.

The Chief of Police and the Tiverton Police Department do not discriminate in the issuance of a pistol permit on grounds of race, sex, national origin, or any other reason prohibited by law.

PROCEDURE

An applicant for a pistol permit must submit a written application to the Tiverton Police Department, 20 Industrial Way, Tiverton, RI 02878. The Tiverton Police Department only accepts the **TIVERTON POLICE DEPARTMENT APPLICATION FOR PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER. We do not accept the Rhode Island Attorney General's Application.** Applications will be turned into the Records Division **Monday through Friday, 7:00 am to 3:00 pm ONLY (excluding holidays)**. You will be contacted at a later date to make an appointment to have your fingerprints and photographs taken. Members of the Tiverton Police Department then check the applicant's background with state, local and federal law enforcement databases. Members of the Tiverton Police Department will also check court records and other sources for pending criminal cases, restraining orders and/or discrepancies in the applicant's background, including prior history of mental illness.

The Chief of Police will not issue a pistol permit to any applicant who is prohibited from possessing or carrying a firearm under any State or Federal law (e.g. 18 U.S.C. § 922(g)) or pursuant to any Court order.

If this initial check does not disqualify the applicant from obtaining a pistol permit, the Chief of Police shall review the application on an individual basis to determine whether there has been a proper showing of need, as required by the statute, and whether the applicant is qualified.

The application, fingerprint card and photos become part of the records of the Tiverton Police Department and will not be returned. **ALL PERMITS WILL EXPIRE FOUR (4) YEARS FROM THE DATE OF ISSUE. THE RENEWAL OF YOUR PERMIT IS YOUR OBLIGATION.** No notification of expiration of the permit will be sent to you. **ALLOW A MINIMUM OF NINETY (90) DAYS FOR PROCESSING YOUR APPLICATION.**

PROPER SHOWING OF NEED

In considering each individual application for a pistol permit the Chief of Police must determine whether or not the applicant has demonstrated a proper showing of need to carry a loaded firearm in public, and consider the individual's demonstration of skill and responsibility to safely carry and use a firearm in compliance with all State, Federal and local laws. Because a loaded, concealed firearm in untrained hands presents danger to the public and the applicant, the Chief of Police will consider countervailing risks to the public in assessing need.

While there cannot be any set formula or criteria to limit or restrict the Chief of Police's discretion to issue or deny a pistol permit, the Chief of Police considers the following factors in assessing an applicant's proper showing of need.

1. Has the applicant demonstrated a specific articulable risk to life, limb or property? If so, has the applicant demonstrated how a pistol permit will decrease the risk?
2. Can the applicant readily alter his or her conduct, or undertake reasonable measures other than carrying a loaded firearm, to decrease the danger to life, limb or property?

3. Are there means of protection available to the applicant other than the possession of a loaded firearm that will alleviate the risk to his or her person or property?
4. Has the applicant demonstrated the skill, training and ability to properly use a firearm in accordance with Rhode Island laws?
5. Has the applicant presented a plan to properly secure the firearm so that it does not fall into unauthorized hands?
6. How greatly will the possession of a loaded firearm by the applicant increase the risk of harm to the applicant or to the public?
7. Has the applicant demonstrated that he or she will not use the firearm for an unlawful or improper purpose, and that he or she has not used a firearm for an unlawful or improper purpose in the past?
8. Does past unlawful, dangerous or violent conduct of the applicant justify denial at the Chief of Police's discretion even if it is not sufficient to disqualify the applicant as a matter of law from possessing a firearm?
9. Has the applicant been issued a protective order pursuant to chapter 15-5, chapter 15-15, or chapter 8-8.1 of the general laws?
10. Any and all other factors deemed lawful and appropriate by the Chief of Police to demonstrate that the applicant is or is not a person suitable to possess a loaded firearm in public.

After assessing the above factors, the Chief of Police in his sole discretion shall grant or deny the pistol permit. In addition to these reasons, the Chief of Police will give consideration to those persons who seek renewal of existing permits who have demonstrated through their actions and experience a level of responsibility commensurate with that expected of one who is privileged to carry a loaded firearm in the public sector.

OUT OF STATE APPLICATIONS

For non Tiverton residents the Tiverton Police Department will only consider applicants who demonstrate a legitimate business interest or personal safety concerns **WITHIN THE TOWN OF TIVERTON**. A color copy of your active permit to carry a concealed pistol or revolver (License to Carry "LTC") from your home state must be attached to this application. As part of the background check process, the Tiverton Police Department will be sending an inquiry regarding your suitability to be issued a permit to the police department of the city or town in which you reside. If we receive negative information from the department or the department fails to respond to the inquiry your request will be denied.

RESPONSIBILITIES

Approved holders must maintain, use, and store their firearm or firearms in a responsible manner. All permit holders are required to inform their respective city or town police departments, as well as the Bureau of Criminal Identification of the Department of Attorney General, within 24 hours of becoming aware of the loss or theft of a weapon. If you do not report a loss or theft timely, your permit may be suspended.

CONCLUSION

This policy is meant as a general guideline to aid the public in understanding the Chief of Police's authority to carry out the requirements of Rhode Island General Laws § 11-47-11 and other applicable state and federal laws and it shall be followed as a guideline in the assessment of applications for a pistol permit. This policy is not intended to and does not confer any rights on any person.

REQUIRED DOCUMENTATION

No application will be considered unless the following has been accomplished

- This official application form (Form number TPD 13-130) must be filled out completely by the applicant. We do not accept applications from other departments or the Attorney General's Office. All information must be legible. Please **PRINT OR TYPE** application or **IT WILL BE RETURNED**. The application must be signed by the applicant in **ALL** of the required places.
- The application must be **NOTARIZED** (All Applications).
- PROOF OF QUALIFICATION** before a certified weapons instructor, i.e. NRA Instructor or Police Range Instructor, must be supplied, along with a **copy of the NRA/FBI Firearms Instructor's Certification** (All Applications).
- TWO TYPES OF POSITIVE IDENTIFICATION** must be submitted, photocopied, signed and dated by a Notary Public, attesting to be true copies (All Applications).
- All new pistol permits issued from this department must have a full set of applicant's fingerprints submitted on a **FBI FINGERPRINT APPLICANT CARD** (FD-258 (Rev. 12-29-82)) included with the application. Fingerprints will be taken at Tiverton Police Headquarters (New Applications Only).
- If the permit is to be used for employment, a **NOTARIZED LETTER SIGNED BY YOUR EMPLOYER** must be submitted on your employer's letterhead and included with the application (If permit is for employment purposes- All Applications).
- THREE LETTERS OF REFERENCE** must be submitted with this application (New Applications Only).
- Retired Police Officers applying under Section 11-47-18, must submit a letter of verification from the Chief of Police of the department which they retired from, stating that they have completed at least twenty (20) years of good service.
- GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION FORM** must be completed and signed (All Applications).
- If you answered YES to any question in Sections VII or VIII **CERTIFIED COPIES OF POLICE REPORTS AND COURT RECORDS MUST BE PROVIDED** (All Applications).
- ALL PERMITS OR LICENSES TO CARRY FIREARMS FROM ANY OTHER STATE** must be submitted, photocopied, signed and dated by a Notary Public, attesting to be true copies (All Applications).
- A FORTY DOLLAR (\$40.00) CHECK OR MONEY ORDER** must be submitted with your completed application. This is non-refundable (All Applications).

Application Type: New Application Renewal

Permit Number (If Renewal)

SECTION I PERSONAL HISTORY (ALL APPLICATIONS)

Last Name First Name Middle Name

Have you ever changed your name? YES NO

If you answered YES to the above question, list below all names that you have used (Include maiden names and aliases) (Attach additional page(s) if necessary).

Last Name First Name Middle Name

Last Name First Name Middle Name

Home Address (Street) Town/City State Zip Code

Mailing Address (Street) Town/City State Zip Code

Date of Birth Age Social Security Number

Home Telephone Number Cellular Telephone Number Email Address

Are you a United States Citizen? YES NO

Place of Birth-City State

SECTION II PHYSICAL DESCRIPTION (ALL APPLICATIONS)

Sex: Male Female

Height Weight Hair Color Eye Color

SECTION III FORMER ADDRESSES (NEW APPLICATIONS ONLY)

List chronologically all of your residences in the past five (5) years (including addresses while attending school if away from home and all military addresses including any off-military base housing). There should not be any omissions or lapses in the chronology (Attach additional page(s) if necessary).

_____	_____	_____	_____	_____	_____
Date From	Date To	Street Address	City	State	Zip Code

_____	_____	_____	_____	_____	_____
Date From	Date To	Street Address	City	State	Zip Code

_____	_____	_____	_____	_____	_____
Date From	Date To	Street Address	City	State	Zip Code

_____	_____	_____	_____	_____	_____
Date From	Date To	Street Address	City	State	Zip Code

_____	_____	_____	_____	_____	_____
Date From	Date To	Street Address	City	State	Zip Code

SECTION IV EMPLOYMENT (ALL APPLICATIONS)

List chronologically all employment (beginning with your current employer), including summer and part-time employment while attending school, for the last five (5) years. If you are retired, list your place of employment at the time of your retirement. A telephone number is mandatory for each entry (Attach additional page(s) if necessary).

_____			_____		
Company/Agency Name			Telephone Number		
_____		_____		_____	_____
Street Address		Town/City		State	Zip Code
_____	_____	_____			
Start Date	End Date	Reason for Leaving			
_____			_____		
Title/Position			Name of Supervisor		

SECTION V – REFERENCES (ALL APPLICATIONS)

Give three references (not relatives, former or present employers or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women who have known you well for at least five (5) years and preferably those who have known you during the past five (5) years. If the reference is retired, please provide their former occupation. **Three (3) signed reference letters must be attached to the application.**

_____		_____	
Complete Name		Telephone Number	
_____		_____	
Street Address	Town/City	State	Zip Code
_____		_____	
Occupation	Company/Agency		

_____		_____	
Complete Name		Telephone Number	
_____		_____	
Street Address	Town/City	State	Zip Code
_____		_____	
Occupation	Company/Agency		

_____		_____	
Complete Name		Telephone Number	
_____		_____	
Street Address	Town/City	State	Zip Code
_____		_____	
Occupation	Company/Agency		

This section is intentionally left blank

SECTION VI – ARREST/COURT RECORD (ALL APPLICATIONS)

Have you EVER been arrested or detained by a law enforcement agency? YES NO

If you answered YES to the above question, indicate below the date of the arrest/detainment, the agency name where the arrest/detainment occurred and the circumstances of the arrest/detainment (Attach additional page(s) if necessary). **Exact information must be provided.** If you are unsure of any information go to the arresting agency and obtain the information. **You will be required to obtain copies of any police reports before this application is approved.**

_____	_____
Date	Agency Name

Agency Address	Telephone Number

Describe Circumstances (Attach additional page(s) if necessary)	

_____	_____
Date	Agency Name

Agency Address	Telephone Number

Describe Circumstances (Attach additional page(s) if necessary)	

_____	_____
Date	Agency Name

Agency Address	Telephone Number

Describe Circumstances (Attach additional page(s) if necessary)	

Have you EVER pled guilty, nolo contendere (no contest) or been convicted of any violation, misdemeanor or felony offense (regardless of whether fined, penalty imposed or sentence imposed)?
 YES NO

Are there any criminal charges pending against you at this time? YES NO

If you answered YES to either of the above questions, indicate the date, court name, court address, court telephone number, charge (s) and the final disposition of the charge(s) below (Attach additional

page(s) if necessary). **Exact information must be provided.** If you are unsure of any information go to the court and obtain the information. **You will be required to obtain copies of any court records before this application is approved.**

_____	_____
Date	Court Name
_____	_____
Court Address	Telephone Number
_____	_____
Charge(s)	
_____	_____
Final Disposition	

_____	_____
Date	Court Name
_____	_____
Court Address	Telephone Number
_____	_____
Charge(s)	
_____	_____
Final Disposition	

_____	_____
Date	Court Name
_____	_____
Court Address	Telephone Number
_____	_____
Charge(s)	
_____	_____
Final Disposition	

This section is intentionally left blank

SECTION VII – PROTECTION ORDERS (ALL APPLICATIONS)

Have you ever had a restraining order, no contact order, or protective order issued against you?

YES NO

If you answered yes to the above question, indicate the date(s), issuing court or agency, circumstances, and the status of the order (Attach additional page(s) if necessary). Exact information must be provided. If you are unsure of any information go to the court and obtain the information. **You will be required to obtain copies of any court records before this application is approved.**

Date	Court/Agency Name

Court/Agency Address	Telephone Number
Describe Circumstances (Attach additional page(s) if necessary):	

Date	Court/Agency Name

Court/Agency Address	Telephone Number
Describe Circumstances (Attach additional page(s) if necessary):	

SECTION VIII – MENTAL HEALTH/MEDICAL HISTORY (ALL APPLICATIONS)

Rhode Island General 11-47-6 provides that “No person who is under guardianship or treatment or confinement by virtue of being a mental incompetent, or who has been adjudicated or is under treatment or confinement as a drug addict, or who has been adjudicated or is under treatment or confinement as an habitual drunkard, shall purchase, own, carry, transport, or have in his or her possession or under his or her control any firearm.” The Tiverton Police Department reserves the right to conduct an investigation into a person’s mental competency to carry a firearm. This investigation may include, but is not limited to, review of medical records, speaking with doctors, nurses, therapists, institutions, or any other mental health provider. **An authorization for release of information is attached to this application and must be signed by all applicants.**

Are you currently or have you ever been under treatment by virtue of being mentally incompetent?

YES NO

If you answered YES explain the circumstances (Attach additional page(s) if necessary):

Are you currently or have you ever been under court ordered guardianship as an adult?

YES NO

If you answered YES explain the circumstances (Attach additional page(s) if necessary):

Are you currently or have you ever been adjudicated or under treatment or confinement as a drug addicted person?

YES NO

If you answered YES explain the circumstances (Attach additional page(s) if necessary):

Are you currently or have you ever been adjudicated or under treatment or confinement for alcohol abuse?

YES NO

If you answered YES explain the circumstances (Attach additional page(s) if necessary):

This section is intentionally left blank

SECTION IX- PREVIOUS CONCEALED WEAPON PERMITS OR APPLICATIONS (NEW APPLICATIONS ONLY)

Have you ever applied for a permit to carry a concealed weapon or firearm?
 YES NO

If you answered YES provide the name, address and telephone number of the agency or agencies:

Have you ever been issued a permit to carry a concealed weapon or firearm?
 YES NO

If you answered YES provide the name, address and telephone number of the issuing agency or agencies **(Color copies of ALL active concealed weapon permits that you currently possess must be attached to this application)**:

Have you ever had a concealed weapon permit revoked or denied?
 YES NO

If you answered YES explain the circumstances (Attach additional page(s) if necessary):

SECTION X- FACTS TO DETERMINE PROPER SHOWING OF NEED (ALL APPLICATIONS)

In consideration of your application for a concealed pistol or revolver permit the Tiverton Police Department, by department policy, must determine whether or not an applicant has demonstrated a proper showing of need to carry a concealed loaded firearm in public and consider the individual's demonstration of skill and responsibility to safely carry and use a firearm in compliance with all state, federal and local laws. To assist the department in assessing an applicant's proper showing of need and suitability factors outlined in the policy will be considered. Be advised that you do not need to possess a concealed pistol or revolver permit to own a firearm, possess a firearm in your home or transport a firearm to and from a range. These reasons will not be considered. You must articulate a need to carry and possess a concealed loaded firearm in public. **All questions must be answered. "Not applicable"**

SECTION XI- QUALIFICATION (ALL APPLICATIONS)

Rhode Island General Law 11-47-15 Proof of ability required for license or permit. – No person shall be issued a license or permit to carry a pistol or revolver concealed upon his or her person until he or she has presented certification as prescribed in § 11-47-16 that he or she has qualified with a pistol or revolver of a caliber equal to or larger than the one he or she intends to carry, that qualification to consist of firing a score of one hundred ninety-five (195) or better out of a possible score of three hundred (300) with thirty (30) consecutive rounds at a distance of twenty-five (25) yards on the army "L" target, firing "slow" fire. The "slow" fire course shall allow ten (10) minutes for the firing of each of three (3) ten (10) shot strings.

(Applicant) First Name	Middle Name	Last Name

Has the applicant successfully completed the requirements as prescribed by RIGL 11-47-15?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Course Location	Date of Qualification	

Course Type	Score	

Weapon Make	Weapon Model	Weapon Caliber

(Instructor) First Name	Middle Name	Last Name	

Home Address (Street)	Town/City	State	Zip Code

Home Telephone Number	Cellular Telephone Number	Email Address	



SIGNATURE OF INSTRUCTOR

SECTION XII-GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION (ALL APPLICATIONS)

I, _____, (Print Name) do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to duly authorized agents of the Tiverton Police Department, whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of Casino Gaming records; records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies, including credit reports and ratings; medical and psychiatric treatment and consultation, including hospitals, clinics, private practitioners; the U.S. Veteran's Administration; the United States military; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; housing records; real and personal property tax statements and records; other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; records of complaints in any civil proceeding made in any case in which I presently have, or have had any interest. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data and/or information for the Tiverton Police Department to consider in determining my suitability for carrying a concealed pistol or revolver. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically enumerated above is not intended to deny access to any records not specifically identified herein. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part pursuant to this release authorization will be considered in determining my suitability to carry a concealed pistol or revolver. To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this Authorization for Release of Information. I consider a copy of the Authorization for Release of Information to be as valid as the original even though a copy does not have my original signature. I hereby release to the Tiverton Police Department and its agents and anyone who gives written or oral information about me to the Tiverton Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends to my heirs, executors, assigns and representatives.

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	_____
Date of Birth	Age	Social Security Number



SIGNATURE OF APPLICANT

DATE

SECTION XIII-NON RESIDENTS ONLY

Rhode Island General Law allows the licensing authorities of any city or town to issue a license or permit to carry concealed pistol or revolver to any person twenty-one (21) years of age or over having a bona fide residence or place of business within such city or town, or of any person twenty-one (21) years of age or over having a bona fide residence within the United States and a license or permit to carry a pistol or revolver concealed upon his or her person issued by the authorities of any other state or subdivision of the United States. In consideration of your application for a concealed pistol or revolver permit the Tiverton Police Department, by department policy, must determine whether or not an applicant has demonstrated a proper showing of need. For non Tiverton residents the Tiverton Police Department will only consider applicants who demonstrate a legitimate business interest or personal safety concerns **WITHIN THE TOWN OF TIVERTON. A color copy of your active permit to carry a concealed pistol or revolver from your home state must be attached to this application.**

Do you have an active permit to carry a concealed pistol or revolver from your home state? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If you answered YES provide the following:		

Name and address of issuing agency		

_____	_____	_____
Permit Number	Date of Issue	Date of Expiration

Do you work in the Town of Tiverton or have business interests in the Town of Tiverton? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you answered YES provide the following:			
_____		_____	
Company/Agency Name		Telephone Number	

_____	_____	_____	_____
Street Address	Town/City	State	Zip Code

_____		_____	
Title/Position		Name of Supervisor	

Can you specifically articulate a risk to life, limb or property that exists within the Town of Tiverton?

In order to help the Tiverton Police Department determine your suitability to carry a concealed pistol or revolver the department will be sending a letter to the police department of the city/town in which you reside (See attached letter). **The attached letter is a sample letter, do not complete.** Your application to carry a concealed pistol or revolver will not be approved until we receive this letter back from the police department of the city/town in which you reside.

Tiverton Police Department
 20 Industrial Way
 Tiverton, Rhode Island 02878
 Phone: (401) 625-6717 Fax: (401) 816-5551
 Respond to: cmiguel@tivertonpoliceri.com

**REQUEST FOR BACKGROUND CHECK
 NON RESIDENT PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER**

To:

Chief of Police <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>

<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
First Name	Middle Name	Last Name
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
Street Address	Town/City	State Zip Code
<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
Date of Birth	Age	Social Security Number

The above applicant has applied for a non-resident permit to carry a concealed pistol or revolver. We are required by statute to determine the applicants need and suitability to obtain a permit to carry a concealed pistol or revolver. As part of processing this request you are not requested to conduct a query or your state's criminal history records. We are only looking for those records outlined below contained within your department's records management system which includes, but is not limited to calls for service, arrest reports, investigative reports, case files, incident reports and dispatch records. A signed authorization for release is attached to this request.

Please review your records since _____ to present for any record of:

1. Civil violations, criminal traffic violations and criminal arrests;
2. Incidents of abuse and/or domestic violence involving family members;
3. Juvenile offenses involving conduct which, if conducted by an adult, would be considered a felony;
4. Incidents involving drug abuse or alcohol dependence;
5. Incidents involving protection orders, no contact orders or restraining orders;
6. Incidents involving treatment by virtue of being mentally incompetent;
7. Incidents involving court ordered guardianship as an adult;
8. Any other activity that would cause you to recommend against granting the requested permit.

If any history is found concerning the above named applicant, please attach those reports to this request. Thank you for your anticipated cooperation.

No records Found Records Found (See attached)

Date: _____ Signature: _____ Title: _____

SECTION XIII-ACKNOWLEDGMENT OF RHODE ISLAND GENERAL LAW (ALL APPLICATIONS)

RHODE ISLAND GENERAL LAWS CHAPTER 11-47

Weapons

Index of Sections

Rhode Island General Laws can be viewed at www.rilin.state.ri.us/statutes/statutes.html

- § 11-47-1 Short title.
- § 11-47-2 Definition of terms.
- § 11-47-3 Carrying dangerous weapons or substances when committing crime of violence.
- § 11-47-3.1 Carrying a stolen firearm when committing a crime of violence.
- § 11-47-4 Being armed prima facie evidence of intention.
- § 11-47-5 Possession of arms by person convicted of crime of violence or who is a fugitive from justice.
- § 11-47-5.1 Larceny of a firearm.
- § 11-47-6 Mental incompetents, drug addicts, and drunkards prohibited from possession.
- § 11-47-7 Possession of firearm by alien.
- § 11-47-8 License or permit required for carrying pistol – Possession of machine gun.
- § 11-47-9 Persons exempt from restrictions.
- § 11-47-9.1 Additional exemptions.
- § 11-47-10 License or permit not required to carry to target range.
- § 11-47-11 License or permit to carry concealed pistol or revolver.
- § 11-47-12 License or permit fee.
- § 11-47-13 Revocation of license or permit.
- § 11-47-14 Licenses and permits to banks and carriers.
- § 11-47-15 Proof of ability required for license or permit.
- § 11-47-15.1 Qualifications required of law enforcement officers appointed after June 6, 1970.
- § 11-47-15.2 Definitions of law enforcement firing positions.
- § 11-47-15.3 Commission on law enforcement standards and training.
- § 11-47-16 Certification of qualification.
- § 11-47-17 Qualifications required of law enforcement officers appointed after June 17, 1959.
- § 11-47-17.1 Mandatory or discretionary nature of § 11-47-15.1 requirements – Qualification reports to be filed.
- § 11-47-18 License or permit issued by attorney general on showing of need – Issuance to retired police officers.
- § 11-47-19 Machine gun manufacturers' licenses or permits.
- § 11-47-20 Sale or possession of silencers.
- § 11-47-20.1 Armor-piercing bullets.
- § 11-47-20.2 Possession during commission of a felony.
- § 11-47-20.3 Injury or death of law enforcement officer.
- § 11-47-21 Restrictions on possession or carrying of explosives or noxious substances.
- § 11-47-22 Forfeiture and destruction of unlawful firearms.
- § 11-47-23 False information in securing firearm or license.
- § 11-47-24 Alteration of marks of identification on firearms.
- § 11-47-25 Antique firearms and collections.
- § 11-47-26 Penalties for violations.
- § 11-47-27 Standard of proof under §§ 11-47-1 – 11-47-34.
- § 11-47-28 Arrest and detention for possession of firearms.
- § 11-47-29 Certification of conviction of alien.

I certify that I have read, understand, and will comply with the above Rhode Island General Laws, Chapter 11-47, Weapons.



SIGNATURE OF APPLICANT



DATE

SECTION XIII-DISCLAIMER AND SIGNATURE (ALL APPLICATIONS)

I certify that my answers are true and complete. I certify that I have read and am familiar with the provisions of Rhode Island General Law (s) 11-47-1 to 11-47-55, inclusive, as amended. I certify that I am aware of the penalties for violations of the provisions of the cited General Laws. I understand that false, misleading, or purposely omitted information in my application and/or accompanying documents is just cause for denial or revocation of my permit, and may result in criminal charges being filed against me. I further understand that any alteration of this permit is just cause for revocation. I further understand that the caliber of the firearm that is carried may not exceed the caliber listed on the permit.



SIGNATURE OF APPLICANT



DATE OF APPLICATION

Before a Notary Public, subscribed and sworn before me in _____ Rhode Island,
This _____ Day of _____ 20 _____



SIGNATURE OF NOTARY



DATE

Notary Number _____ My commission expires on _____

SECTION XIII-APPROVAL (OFFICIAL USE ONLY)

Acting under my authority as the Chief of Police for the Town of Tiverton, Rhode Island, I, Patrick Jones, APPROVE DENY this application.

Reason for denial:



CHIEF OF POLICE SIGNATURE



DATE