



**BURRILLVILLE POLICE DEPARTMENT
1477VICTORY HIGHWAY POB 231
BURRILLVILLE, RHODE ISLAND 02830**

Dear Applicant:

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

It is important to remember that a permit to carry a concealed pistol or revolver does not authorize you to use the firearm. Such usage of a handgun is regulated by other provisions of Rhode Island 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 Burrillville Police Department.

Also contained in this application are the Rhode Island 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 Rhode Island laws. A 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 Burrillville Police Department at the time of application.

The submission of the application for a permit to carry a concealed pistol or revolver is the beginning of a process of review by members of the Burrillville Police Department, which may include a personal interview and which culminates in a recommendation of grant or denial. Should your application be denied, you will be advised by mail stating the reason for the denial. If you wish to appeal this decision, you may appeal to court.

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

Sincerely yours,

**Col. Bernard E. Gannon
Chief of Police
Burrillville Police Department**

PISTOL PERMIT POLICY

INTRODUCTION

Pursuant to Rhode Island General Laws Section 11-47-11, the Burrillville Police Department has the authority to issue a license or permit to carry a concealed pistol or revolver to any person 21 years of age or over upon a proper showing of need, or 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. The Burrillville Police Department will exercise its discretion consistent with Section 11-47.11.

Pursuant to Rhode Island General Laws Section 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 Burrillville Police Department does 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 with a recent photograph, two types of positive identification, and a full set of fingerprints on the FBI fingerprint applicant card to the Burrillville Police Department, 1477 Victory Highway, Oakland, RI 02858. The Burrillville Police Department then checks the applicant's background with state, local, and Federal law enforcement databases. The Burrillville Police Department may 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 Burrillville Police Department 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. Section 922(g)) or pursuant to any court order.

If this initial check does not disqualify the applicant from obtaining a pistol permit, the Burrillville Police Department may conduct a personal interview to clarify information provided on the application.

**CRITERIA FOR ISSUING A CONCEALED
PISTOL OR REVOLVER PERMIT**

Rhode Island General Law, 11-47-11(a) establishes the following criteria for the issuance of a permit to carry a concealed pistol or revolver upon his/her person:

1. A person must have a bona fide residence or place of business within the town and be 21 years of age or over;
2. or, Any person 21 years of age or over, having a bona fide residence within the United States and 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;
3. or, If it appears that the applicant who meets the criteria in #1 above, has good reason to fear an injury to his person or property;
4. or, Having met the criteria in #1 above, has any other proper reason to so be licensed.
5. A person prohibited from having a firearm by any state or federal law, or court order is not eligible to obtain a permit to carry a concealed weapon.

PROPER SHOWING OF NEED

In considering each individual application for a pistol permit the Burrillville Police Department 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.

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

1. Has the applicant demonstrated a specific particularly risk to life, limb or property?
2. Has the applicant demonstrated the skill, training, and ability to properly use a firearm in accordance with Rhode Island laws?
3. Does past unlawful, dangerous or violent conduct of the applicant justify denial at the Burrillville Police Department's discretion even if it is not sufficient to disqualify the applicant as a matter of law from possessing a firearm?
4. 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?

After reviewing the application, the Burrillville Police Department shall grant or deny the pistol permit, and, if denied, state the reason.

RESPONSIBILITIES

Approved holders should maintain, use, and store their firearm or firearms in a responsible manner. All permit holders are required to inform the Burrillville Police Department, as well as the police department where the theft or loss occurred, 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.

INSTRUCTIONS FOR LICENSE TO CARRY A CONCEALABLE WEAPON

NO APPLICATIONS WILL BE CONSIDERED UNLESS THE FOLLOWING HAVE BEEN ACCOMPLISHED

1. This official application form must be filled out completely by the applicant. Please **PRINT OR TYPE** application or **IT WILL BE RETURNED**.
2. The application must be **NOTARIZED**.
3. Enclose two (1"x 1") pictures of the applicant taken without headgear or glasses. This photo must be a clear picture of the head and face. Please **PRINT** applicant's name on the back of each picture. **NO** laminated photos will be accepted.
4. 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.
5. Two types of positive identification must be submitted, photocopied, signed, and dated by a notary public attesting to be true copies.
6. 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. Fingerprint card must be signed by applicant. This is not necessary for a renewal application.
7. If the permit is to be used for employment, a **TYPED** letter of explanation must be submitted on your employer's letterhead and included with the application.
8. If the permit is **not** for employment, a typed letter must be submitted by the applicant stating the reasons why a permit is needed on a full-time basis. All letters must be dated. We will not accept a photocopy of any signature.
9. 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 20 years of GOOD service.
10. A forty dollar (\$40.00) **CHECK OR MONEY ORDER** must be submitted with your application.
11. Applicant will be notified by mail of approval or denial of permit. Telephone inquiries will not be accepted. If approved, applicant must appear in person to pickup permit. This application, fingerprint card, and photos become part of the records of the Burrillville Police Department and will **NOT** be returned.
12. All permits will expire **FOUR (4) YEARS** from the date of issue. Also, the renewal of your permit is your obligation. No notification of expiration of the permit will be sent to you. Allow a maximum of 90 DAYS for processing of your application.



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APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

DATE _____ PERMIT NUMBER _____

NAME _____
First Middle Last

ADDRESS _____
Street name & number (**no P.O. Boxes accepted**) City or Town State & Zip

TEL. NUMBER _____
(HOME) (BUSINESS) (OTHER)

SOCIAL SECURITY NUMBER _____ OCCUPATION _____

EMPLOYED BY: _____

(Employer's street name & number) (City or Town) (State & Zip)

DETAIL OF JOB
DESCRIPTION _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ COLOR OF EYES _____ COLOR OF HAIR _____

ARE YOU A CITIZEN OF THE UNITED STATES? _____ HOW LONG? _____

(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).

LIST ALL ADDRESSES FOR THE LAST THREE (3) YEARS, INCLUDING DATES AND LOCATIONS

(If necessary, please submit a separate sheet)

SEND PHOTOCOPY OF OUT-OF-STATE PERMIT OR LICENSE

HAVE YOU EVER HAD A LEGAL NAME CHANGE? _____ IF YES, PLEASE STATE FORMER NAME _____

PLEASE LIST NICKNAMES OR ALIAS USED BY YOU _____

ON A SEPARATE SHEET OF PAPER OR LETTERHEAD, **TYPE** DETAILS AND SPECIFIC REASONS FOR YOUR NEED FOR A RHODE ISLAND PERMIT (ONLY **TYPED** LETTERS WILL BE ACCEPTED).

TWO (2) TYPES OF POSITIVE IDENTIFICATION MUST BE SUBMITTED: Ex. (1) Birth Certificate (2) Rhode Island or State Driver's License (3) Rhode Island Identification Card

A PHOTOCOPY OF ANY TWO (2) OF THE ABOVE SIGNED AND DATED BY A NOTARY PUBLIC, ATTESTING AS BEING TRUE COPIES WILL BE ACCEPTED. PASSPORT AND OTHER POSITIVE IDENTIFICATION WILL ALSO BE ACCEPTED.

THREE (3) LETTERS OF REFERENCE ARE REQUIRED

Name	Address/City/State/Zip	Tel.#	Yrs. Known
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Name	Address/City/State/Zip	Tel.#	Yrs. Known
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Name	Address/City/State/Zip	Tel.#	Yrs. Known
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(If necessary, please submit a separate sheet)

NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY
ALL OTHERS MUST QUALIFY IN ACCORDANCE TO SECTION 11-47-15

WEAPON QUALIFICATION SCORE: CAL. OF WEAPON _____

AMY-L _____ SCORE _____ RI COMBAT _____ SCORE _____

(Signature of N.R.A. Instructor or Police Range Officer)

Date

(Printed Name & Telephone Number of N.R.A. Instructor or Police Range Officer)

(N.R.A. Number or Police Department Name)

AFFIDAVIT

I CERTIFY THAT I HAVE READ AND I AM FAMILIAR WITH THE PROVISIONS OF SECTION 11-47-1 TO 11-47-62, INCLUSIVE, OF THE GENERAL LAWS OF RHODE ISLAND, 1956, AS AMENDED, 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 (name printed))

MY COMMISSION EXPIRES ON _____ (month) _____ (year) _____ (state)

**FACTS TO DETERMINE FEAR OR INJURY
TO PERSON OR PROPERTY**

The following factors will be considered when determining an application for a concealed weapon permit. These factors will be considered once the applicant has demonstrated that he/she meets criteria #1 and #5:

1. Injury to Person or Property:

a. Explain the circumstances and extent of the threat or injury to person or threat or extent of damage to property: _____

b. Has the applicant filed a report with any law enforcement agency indicating that his/her person or property has been threatened or damaged? _____

What agency has the report been filed with? _____

What was the result? _____

b. Has the applicant received a restraining order from any court? _____

Is the applicant presently, or has he/she been the subject of a restraining order from any court? _____

c. How will the carrying of a concealed pistol or revolver, on his/her person, mitigate the threat to the person or their property? _____

(If necessary, please submit a separate sheet)

**PERSONS PROHIBITED FROM CARRYING
OR POSSESSING ANY FIREARM**

Pursuant to Rhode Island General Law 11-47-6 certain persons are prohibited from purchasing, carrying, or possessing any firearm. These persons include, but are not limited to:

1. A person under guardianship.
2. A person under treatment by virtue of being a mental incompetent.
3. A person who has been adjudicated or is under treatment or confinement as a drug addict.
4. A person under treatment or confined as a habitual drunkard.
5. A person convicted of a crime of violence.

Does any of the prohibitions to receiving a license to carry a weapon apply to you?

Yes _____

No _____

If yes, please explain: _____

(If necessary, please submit a separate sheet)

**FACTS TO BE USED IN DETERMINING
WHETHER THE APPLICANT IS A PROPER
PERSON TO RECEIVE A PERMIT TO CARRY
A CONCEALED PISTOL OR REVOLVER**

1. Have you ever been arrested? _____

If so, note date of arrest(s) and give details: _____

2. Have you ever refused to take a breathalyzer test? _____

If so, give details including the name of the law enforcement agency involved _____

3. Have you ever applied for a permit to carry a concealed pistol or revolver in another state or from the Rhode Island Attorney General, or a local city/town in Rhode Island?

If yes, state city, town, state or jurisdiction _____

Were you denied? _____ If so, give reason: _____

(If necessary, please submit a separate sheet)