

TOWN OF FOSTER



**APPLICATION FOR LICENSE TO CARRY
A CONCEALED WEAPON
PURSUANT TO R.I.G.L. §11-47-11**



FOSTER POLICE DEPARTMENT

182 Howard Hill Rd
Foster, Rhode Island 02825
Ph# 401-397-3317 Fax# 401-397-8731
Chief David J. Breit

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 mail 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

TOWN OF FOSTER

INSTRUCTIONS FOR APPLICATION FOR LICENSE TO CARRY A CONCEALED PISTOL OR REVOLVER

NO APPLICATIONS WILL BE CONSIDERED UNLESS THE FOLLOWING HAVE BEEN ACCOMPLISHED:

1. All **NON-RESIDENT APPLICANTS (OUT OF TOWN AND/OR OUT OF STATE RESIDENTS)** must include a copy of their out-of-state permit. Ex. New Hampshire or Utah.
2. The application must be NOTARIZED and MUST BE SIGNED OR STAMPED.
3. The Applicant must qualify within 12 months before a certified NRA or police instructor, who must document said score, and provide a copy of the instructor's certification, with expiration date. The applicant may only carry a firearm that is equal to or smaller than the caliber used to qualify.
4. You must submit two (2) notarized true copies of positive identification out of a possible four (4) choices, which are: 1) birth certificate, 2) state driver's license, 3) state ID, 4) valid passport.
5. Submit a typed letter of explanation on your employer's letter head for permits required for employment.
6. Submit a dated, typed letter of explanation of necessity, and why the applicant should be licensed to carry a firearm in public. Describe how firearms shall be securely stored to limit access to only the licensed applicant. The Town will not accept a photocopy of any letter or signature.
7. Upon approval of the application, photographs and fingerprints will be completed at the Foster Police Station. Applicant will be notified by phone of approval or denial of permit.
A check or money order, payable to **Town of Foster** will be collected in person.
8. **All permits expire FOUR (4) YEARS from the date of issue.** The renewal of your permit is your responsibility. No notification will be sent to you. Ninety-days (90) are allowed by law for processing.
9. Applicants can either mail, drop off in person, or email the completed application to:
*** If you email the completed application, YOU MUST bring the original application and original documents to your appointment.*

Foster Police Department
182 Howard Hill Rd
Foster, RI, 02825
ATT: Raymond Peters

Email address to: rpeters@fosterpd.com



FOSTER POLICE DEPARTMENT

APPLICATION FOR LICENSE TO CARRY A CONCEALED WEAPON PURSUANT TO R.I.G.L. §11-47-11

DATE _____ PERMIT # _____
FOR OFFICE USE ONLY

Name _____
LAST FIRST MIDDLE NAME SUFFIX MAIDEN NAME

Any Former Name(S) Or Alias _____

Please List Any Nicknames _____

Date of Birth _____ Social Security# _____ Driver's License# State _____

Sex _____ Race _____ Height _____ Weight _____

Eye Color _____ Hair Color _____ Place of Birth (State) _____

Are you a United States citizen? YES NO If you are a Naturalized Citizen, how long? _____

(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)

BELOW, PLEASE LIST YOUR CURRENT PERMANENT RESIDENCE ADDRESS AND ANY OTHER ADDRESS YOU HAVE USED IN THE PAST 3 YEARS. USE A SEPERATE PAPER IF NECESSARY.

1. _____
COMPLETE ADDRESS

DATES: FROM/TO _____

2. _____
COMPLETE ADDRESS

DATES: FROM/TO _____

3. _____
COMPLETE ADDRESS

DATES: FROM/TO _____

Telephone Numbers _____
HOME BUSINESS OTHER

Current Employer _____ Telephone # _____

FULL ADDRESS

Length of Employment _____ Occupation _____

Detailed Job Description _____

Have you **ever** been arrested? YES NO

Was it a misdemeanor? Was it a felony? Was it a crime of violence?

If yes, please provide details,

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

If yes, please provide details,

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

If yes, please provide details,

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

If yes, please provide details,

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

If yes, please provide details,

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? YES NO

If yes, what agency/municipality? _____

Active Expired Denied Revoked

If yes, what agency/municipality? _____

Active Expired Denied Revoked

(IF YOU HOLD AN EXPIRED PERMIT, ENCLOSE A PHOTOCOPY, SIGNED AND DATED BY A NOTARY ATTESTING COPIES ARE TRUE)

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

If yes, provide City and State _____

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

If yes, please give details, _____

**** PLEASE ATTACH A PHOTOCOPY OF ANY OUT OF STATE PERMIT OR LICENSE ****

** On a separate sheet of paper or letterhead, **TYPE** details and specific reasons why you feel you should be issued a concealed weapon permit by the Town of Foster, and why you are a suitable person to be so licensed (**only typed letters will be accepted**).

** Two (2) types of positive identification must be submitted - examples:

- ◆ Birth Certificate ◆ Valid State Driver's License ◆ Rhode Island Identification Card) ◆ Valid Passport

** A photocopy of any two of the above, signed and dated by a Notary Public attesting as being true copies will be accepted. Other positive identification will also be considered.

THREE (3) REFERENCES ARE REQUIRED

NAME TELEPHONE # # YEARS KNOWN

ADDRESS/CITY/STATE/ZIP

NAME TELEPHONE # # YEARS KNOWN

ADDRESS/CITY/STATE/ZIP

NAME TELEPHONE # # YEARS KNOWN

ADDRESS/CITY/STATE/ZIP

NOTE: THE RHODE ISLAND COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY. ALL OTHERS MUST QUALIFY IN ACCORDANCE WITH 11-47-15

WEAPON QUALIFICATION SCORE: CALIBER OF WEAPON _____

ARMY – L _____ **SCORE** _____ **R.I. COMBAT** _____ **SCORE** _____

SIGNATURE OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER DATE
void after 12 months

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

N.R.A. NUMBER OR POLICE AGENCY NAME

PLEASE 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

APPROVED

DENIED

SIGNED: _____
POLICE CHIEF DAVID J. BREIT