STATE OF CONNECTICUT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATE POLICE
KILLINGWORTH RESIDENT TROOPER'S OFFICE

STATE PISTOL PERMIT APPLICATION PROCESS
TOWN OF KILLINGWORTH

Connecticut Pistol Permit applications for Killingworth residents are processed through the First Selectman's and the Resident State Trooper's Offices.

TO OBTAIN TEMPORARY PERMIT (valid for 60 days)

1. SEE CHECKLIST: Gather all items on the attached checklist.

2. VISIT THE SELECTMEN'S OFFICE: Submit completed packet. The $70 local fee, payable to Town of Killingworth, is due at this time. Regular business hours: Monday – Wednesday 8-4, Thursday 8 – 7, Friday 8-12.

3. PRE-ENROLL: Pre-enroll and pay State and Federal fees online at:

   https://ct.flexcheck.us.idemia.io/cchrspreenroll

   Upon completion, you will be issued a barcode via email. Print copy of barcode.

3. FINGERPRINTS: Visit the State Police Headquarters in Middletown or Troop F Barracks in Westbrook (addresses below) to be fingerprinted. **You must bring printed copy of barcode and a valid identification with you.**

4. INTERVIEW WITH RESIDENT STATE TROOPER: After your fingerprints are completed, the Resident Trooper will contact you to set up an appointment to review your packet. Upon submission of the application/ fingerprints, the Resident Trooper will begin your background check. Once this is successfully completed, he will issue a temporary permit, valid for 60 days.

TO OBTAIN PERMANENT PERMIT: Present your Temporary State Pistol Permit to the Special Licensing & Firearms Unit at the Connecticut State Police Headquarters. You will then be issued a permanent Connecticut Pistol Permit.

RESIDENT STATE TROOPER
Trooper Lucas Oliver
323 Route 81
Killingworth, CT 06419
Phone: 860-663-1132
Email: Lucas.Oliver@ct.gov

CT STATE POLICE Headquarters
Department of Emergency Services and
Public Protection - Division of State Police HQ
Special Licensing and Firearms Unit
1111 Country Club Road
Middletown, CT 06457
Phone: (860) 685-8290

TROOP F
315 Spencer Plains Rd
Westbrook, CT 06498
Phone: 860-399-2100
Fingerprint hrs (no appt):
M-F 7-8 am
3-4 pm
11-midnight

Updated 10/1/2026

Town of Killingworth

PISTOL PERMIT APPLICATION CHECKLIST

- ☐ A completed current 4-page form DPS-799-C "Pistol Permit/Eligibility Certificate Application," available at the Office of the First Selectman or online: https://portal.ct.gov/-/media/DESPP/CSP/files/DPS-799-C.pdf Please note that the ***application must be notarized prior to submission***. Notaries are available at the Town Hall at no charge.
- ☐ FBI Privacy Act Statement
- ☐ Agency Privacy Requirements for Noncriminal Justice Applicants/Noncriminal Justice Applicant's Privacy Rights (2 pages)
- ☐ Proof you are legally and lawfully in the United States (a certified copy of birth certificate, U.S. Passport or documentation issued by I.C.E.) **Bring original document to trooper to review, and make a copy for your packet.**
- ☐ Applicant's license or valid identification. **Bring the original license/document to trooper to review, and make a copy for your packet.**
- ☐ A Firearms Safety and Use Course Certificate (valid for 2 years) attesting to the applicant's competence with a handgun signed by one of the following:
  - An NRA Certified Pistol Instructor
  - An NRA Home Firearms Safety Instructor
  - A Gun Club Officer
- ☐ Three (3) three letters of reference using enclosed Character Reference Affidavit Form.
- ☐ A check for $70.00 made payable to the "Town of Killingworth".
- ☐ Sign below to indicate that **ALL ITEMS** above are available for inspection

Name: _____ Date:_____

Signature: _____

Updated 10/1/2026

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Special Licensing and Firearms Unit

PISTOL PERMIT/ELIGIBILITY CERTIFICATE APPLICATION

(Pursuant to C.G.S. §§ 29-28 et. seq., 29-36 et. seq., and 53a-217 et. seq.

Before completing this application, it is suggested that you review the Connecticut General Statutes pertaining to firearms. These can be accessed on the Internet at www.cga.ct.gov. or through your local library.

Type of Permit Requested:

Check Box:

- ☐ 60 Day Temporary State Pistol Permit
- ☐ Non-Resident State Pistol Permit
- ☐ Eligibility Certificate to Purchase Pistols or Revolvers
- ☐ Eligibility Certificate to Purchase Long Guns

Instructions:

Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:
1. Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first select person, as applicable) along with all of the following: ▪ Firearms Safety & Use Course Certificate; ▪ $70.00 fee, payable to the local authority; and ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.). 2. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints. 3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days. 4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following: ▪ The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority; ▪ A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C); ▪ $70.00 fee, payable to **Treasurer, State of Connecticut;** ▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and ▪ Proof of valid state issued photo identification card. 5. Upon approval, *your photograph will be taken at DESPP and you will be issued a state pistol permit.*	****EMAIL DESPP FOR PACKET**** **SLFU.OOS@CT.GOV** ***You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.***	****EMAIL DESPP FOR PACKET**** **SLFU.OOS@CT.GOV** ***You must be 21 years of age to obtain a Pistol Eligibility Certificate. You must be 18 years of age to obtain a Long Gun Eligibility Certificate.***

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access www.ct.gov/despp and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290. Note: All payments must be made with separate checks.

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Contact / Identifying Information:

Name of Applicant

Last , Suffix .

First Middle Initial .

Provide all other names by which you have been known (Maiden name, Aliases, Nicknames, etc.)
(Attach additional sheet(s), if necessary)

Date of Birth ☐☐/☐☐/☐☐☐☐ Month/Day/Year

Sex ☐F ☐M ☐Unknown/Non-binary

Height ☐Ft. ☐☐In.

Weight ☐☐☐Lbs.

Eye Color ☐ Brown ☐ Blue ☐ Black ☐ Green ☐ Gray ☐ Hazel

Race ☐White ☐American Indian/Alaskan Native ☐Asian/Pacific Islander ☐Black ☐Unknown/Other

Hair Color ☐ Brown ☐ Black ☐ Blonde ☐ Red ☐ Gray ☐ White ☐ Bald

Place of Birth

City/Town , State

Social Security Number (*Optional, but will help prevent misidentification*)

☐☐☐-☐☐-☐☐☐☐

Country of Citizenship

Alien Reg. Number (If applicable)

Residential Address (List street address. Post office box numbers are not acceptable)

Number/Street

City/Town , State Zip Code -

List Residential Addresses for the Last 7 Years (Attach additional sheet(s), if necessary)
**Any subsequent changes of address must be reported within 48 hours to the Special Licensing and Firearms Unit*

1. _____
2. _____

Mailing Address (If different from current residential address above)

Number/Street

City/Town , State Zip Code -

Home Telephone Number
(☐☐☐) ☐☐☐-☐☐☐☐
Area Code

Alternate Telephone Number
(☐☐☐) ☐☐☐-☐☐☐☐
Area Code

Motor Vehicle Operator's License Number

State of Issue

Email Address

_____

Employment History:

List Employers and Occupation for the Last 7 Years (Provide employer's name, address and telephone number)
(Attach additional sheet(s), if necessary)

1. _____ / Occupation: _____
2. _____ / Occupation: _____

Permit or Eligibility Certificate History:

Have you had a firearms permit, permit application or eligibility certificate of any kind from ANY jurisdiction in the United States denied, suspended or revoked? ☐NO ☐YES

If "YES," provide:

1. **Identify the jurisdiction which issued the denial, suspension or revocation:** _____
2. **Date of denial, suspension or revocation:** _____
3. **The reason for the denial, suspension, or revocation:** _____

Medical History:

Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court? ☐NO ☐YES If "YES," explain: (Attach additional sheet(s), if necessary)

Have you been discharged from custody within the past twenty years after having been found not guilty of a crime by reason of a mental disease or defect? ☐NO ☐YES
If "YES," explain: (Attach additional sheet(s), if necessary)

Have you been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence? ☐NO ☐YES
If "YES," explain: (Attach additional sheet(s), if necessary)

Notice: *DESPP herein notifies the applicant that, pursuant to C.G.S. §§ 29-28 through 29-38b, DESPP will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined to a hospital for psychiatric disabilities within the preceding sixty (60) months by order of Probate Court, or if the applicant has been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence.*

Criminal History:

Have you ever been ARRESTED for any crime, in any jurisdiction? ☐NO ☐YES If "YES," list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary)

Notice: You are ***not*** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to C.G.S. §§46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46b-146), an adjudication as a youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon (C.G.S. 54-142a).

With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.

Have you ever been CONVICTED under the laws of this state, federal law or the laws of another jurisdiction? ☐NO ☐YES If "YES," list all convictions, include charges, location, date of arrest, and disposition. (Attach additional sheet(s), if necessary)

Are you currently on probation, parole, work release, in an alcohol and/or drug treatment program or other pre-trial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case? ☐NO ☐YES If "YES," explain. (Attach additional sheet(s), if necessary)

Within the past five (5) years, have you been the subject of a Protective Order or Restraining Order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person, regardless of the outcome or result of any related criminal case? ☐NO ☐YES

If "YES," which court issued the order?

Military History:

Were you ever a member of the Armed Forces of the United States? ☐NO ☐YES (If yes, please include a copy of your DD-214)

Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge? ☐NO ☐YES

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Proof of Training:

**Attach a copy of the letter or certificate attesting that you have completed a course in the safety and use of pistols and revolvers or long guns (as appropriate, depending upon which permit or certificate you are requesting), signed by the instructor of the course. Please make sure a copy of the certificate of completion for the additional training is also included.*
Instructor: (Check applicable box)

☐ **National Rifle Association**
☐ **Department of Energy and Environmental Protection (DEEP)**
☐ **Other:** _____

State Instructor's Name and ID Number: _____

Declaration:

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See CGS § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application:

I declare, under the penalties of false statement, that the answers to the above are true and correct.

Date _____ Signed _____

STATE OF _____

Print Name _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ 20____

_____
Name:
Notary Public
My Commission Expires:
Commissioner of Superior Court

NOTICE: Appeal Process for Permits

In the event that your application for pistol permit or eligibility certificate is denied or revoked, you may notify the Board of Firearm Permit Examiners, at 165 Capitol Ave, Suite 1070, Hartford, CT 06106. Telephone: (860) 256-2977 OR (860) 256-2947, in writing, within ninety (90) days, in order to begin your appeal process. At a hearing before the Board, you may request that your application be reconsidered or that your permit or eligibility certificate be reinstated.

For Official Use Only:

Application Received:			**Application Status:**
☐☐/☐☐/☐☐☐☐ Month/Day/Year	FBI Sent:	☐ No ☐ Yes	☐ Approved ☐ Denied
	FBI Reply:	☐ No ☐ Yes	
	ICE Response:	☐ No ☐ Yes	
	DMHAS:	☐ No ☐ Yes	_____
	SPBI:	☐ No ☐ Yes	(Signature and title of issuing authority)
	Number : _____		

Requesting Entity:_____

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Note: This privacy act statement is located on the back of the FD-258 fingerprint card.

SIGNATURE	DATE

This document must be retained by the Entity.

Noncriminal Justice Applicant's Privacy Rights

Requesting Entity: _____

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.** [1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. [2]
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]

Updated 11/6/2019

If you need additional information or assistance, please contact:

Connecticut Records:	Out-of-State Records:
Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480	Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306

SIGNATURE	DATE

This document must be retained by the Entity.

_____ INITIAL HERE

[1] Written notification includes electronic notification, but excludes oral notification.

[2] See https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Agency Privacy Requirements for Noncriminal Justice Applicants

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- Officials must provide to the applicant written notice[1] that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.[2]

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

If you need additional information or assistance, contact:

Connecticut Records:	Out-of-State Records:
Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480	Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306

[1] Written notification includes electronic notification, but excludes oral notification.

[2] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

TOWN OF KILLINGWORTH

CHARACTER REFERENCE AFFIDAVIT: PISTOL PERMIT

Name of Person Applying for Pistol Permit:

Name: _____

Street Address: _____

Town _____ State _____ Zip _____

Submit the following information in response to the above-named person who is applying for a pistol permit in the town of Killingworth, Connecticut.

Length of time the applicant has been known to you: _____

In what capacity do you know the applicant : _____
(i.e., friend, co-worker, neighbor, etc.)

Applicant's occupation: _____

Are you related to the applicant by blood or marriage? Yes _____ No _____

To your knowledge, does the applicant now or did he/she use alcohol to excess or use narcotics?

Yes ____ No _____ If yes, please explain: _____

_____

Does the applicant now or did he/she suffer from any physical effects or sickness which would handicap him/her in handling a pistol or revolver in a safe manner? Yes _____ No _____

What is your opinion of the applicant in regards to his/her:

Honesty: _____

Sobriety: _____

Moral Character: _____

General comments regarding the applicant's suitabililty: _____

_____

Would you, without reservation, recommend the applicant for a pistol license? Yes ____ No ____
(If no, attach supplementary sheets explaining)

I declare, under the penalties of false statement, that the answers to the above are true and correct:

Date: _____ Signature: _____

Print full name: _____

Address: _____

Phone number: _____ Occupation: _____

TOWN OF KILLINGWORTH

CHARACTER REFERENCE AFFIDAVIT: PISTOL PERMIT

Name of Person Applying for Pistol Permit:

Name: _____

Street Address: _____

Town _____ State _____ Zip _____

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(I.e., friend, co-worker, neighbor, etc.)

Applicant's occupation: _____

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To your knowledge, does the applicant now or did he/she use alcohol to excess or use narcotics?

Yes ____ No _____ If yes, please explain: _____

_____

Does the applicant now or did he/she suffer from any physical effects or sickness which would handicap him/her in handling a pistol or revolver in a safe manner? Yes _____ No _____

What is your opinion of the applicant in regards to his/her:

Honesty: _____

Sobriety: _____

Moral Character: _____

General comments regarding the applicant's suitability: _____

_____

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TOWN OF KILLINGWORTH

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To your knowledge, does the applicant now or did he/she use alcohol to excess or use narcotics?

Yes ____ No ____ If yes, please explain: _____

_____

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What is your opinion of the applicant in regards to his/her:

Honesty: _____

Sobriety: _____

Moral Character: _____

General comments regarding the applicant's suitability: _____

_____

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Date: _____ Signature: _____

Print full name: _____

Address: _____

Phone number: _____ Occupation: _____