



North Smithfield Police Department



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

DATE _____ PERMIT NUMBER _____

(leaveblank)

NAME _____
First Middle Last Maiden

ADDRESS _____
Street Name and Number (No P.O. Boxes accepted) City or Town State & Zip

MAILING ADDRESS: (if different) _____

TELEPHONE
NUMBER _____
Home Business Other

SOCIAL SECURITY NUMBER _____ OCCUPATION _____

EMPLOYED
BY: _____

Employer's Address Street Name and Number City or Town State & Zip

DETAIL 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 YEARS, INCLUDING DATES AND LOCATIONS _____

HAVE YOU EVER BEEN ARRESTED? _____ IF SO, GIVE SPECIFIC DETAILS:

HAVE YOU EVER REFUSED TO TAKE A BREATHALYZER TEST? _____
IF SO, GIVE SPECIFIC DETAILS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF SO, GIVE DETAILS:

HAVE YOU EVER PLED NOLO CONTENDERE TO ANY CHARGE OR VIOLATION? IF SO, GIVE DETAILS: _____

ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR? _____ IF SO, GIVE DETAILS AND DATES: _____

ARE YOU OR HAVE YOU EVER BEEN THE SUBJECT OF A RESTRAINING ORDER FROM ANY COURT? _____
IF YES, PROVIDE SPECIFIC DETAILS: _____

HAVE YOU APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM THE ATTORNEY GENERAL OR A LOCAL CITY OR TOWN IN RHODE ISLAND? _____

IF SO, IDENTIFY AGENCY(IES) WHERE APPLICATION WAS FILED. _____

IF SO, IS IT CURRENTLY
ACTIVE? _____ EXPIRED? _____ DENIED? _____ REVOKED? _____

(If you hold an expired permit, enclose photocopy, notary-signed and dated, attesting copies are true)

HAVE YOU EVER APPLIED FOR A PISTOL PERMIT TO CARRY A HANDGUN IN ANOTHER STATE:

YES _____ NO _____ IF YES, STATE AND CITY _____

WERE YOU DENIED? _____ IS SO, GIVE DETAILS _____

ATTACH PHOTOCOPY OF OUT-OF -STATE PERMIT OR LICENSE

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

PLEASE LIST ALL NICKNAMES OR ALIASES USED BY YOU _____

PURSUANT TO RHODE ISLAND GENERAL LAW 11-47-6 CERTAIN PERSONS ARE PROHIBITED FROM PURCHASING, CARRYING, OR POSSESSION 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 INCOMPENTENT
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 WAEPON APPLY TO YOU?

YES: _____ NO: _____

IF YES, PROVIDE SPECIFIC DETAILS: _____

(if necessary, please submit a separate sheet)

TO THE NORTH SMITHFIELD TOWN HALL OFFICIAL:

THIS IS TO INFORM YOU THAT _____
Applicant's Name (Printed or Typed)

IS APPLYING FOR A CONCEALED WEAPON PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER IN THE STATE OF RHODE ISLAND. PLEASE VERIFY THAT THIS SUBJECT RESIDES OR HAS A PLACE OF BUSINESS IN THE TOWN OF NORTH SMITHFIELD.

RESIDENCE OR BUSINESS ADDRESS: _____

Town Hall Official's Signature

Date

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 NORTH SMITHFIELD AND WHY YOU FEEL YOU ARE A SUITABLE PERSON TO BE SO LICENSED (ONLY **TYPED** LETTERS WILL BE ACCEPTED). WITHIN YOUR STATEMENT, EXPLAIN HOW CARRYING A CONCEALED PISTOL OR REVOLVER ON YOUR PERSON WILL MITIGATE ANY THREATS TO YOUR PERSON OR YOUR PROPERTY.

TWO (2) TYPES OF POSITIVE IDENTIFICATION MUST BE SUBMITTED. EXAMPLES: (1)Birth Certificate (2)Rhode Island or State Driver's License (3)Rhode Island Identification Card (4) passport

A PHOTOCOPY OF ANY TWO OF THE ABOVE SIGNED AND DATED BY A NOTARY PUBLIC, ATTESTING AS BEING TRUE COPIES WILL BE ACCEPTED.

THREE (3) REFERENCES ARE REQUIRED:

Name	Address/City/State/Zip	Area Code/Tele #	No. Years Known
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Name	Address/City/State/Zip	Area Code/Tele #	No. Years Known
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Name	Address/City/State/Zip	Area Code/Tele #	No. Years Known
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NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY. ALL OTHERS MUST QUALIFY IN ACCORDANCE TO 11-47-15.

WEAPON QUALIFICATION SCORE: CAL. OF WEAPON _____

ARMY-L _____ SCORE _____ R.I. COMBAT _____ SCORE _____

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

PRINTED NAME & TELEPHONE NO. 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 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 (Name Printed)

MY COMMISSION EXPIRES ON _____
Month Year State



North Smithfield Police Department



POLICY REGARDING THE ISSUANCE OF A LICENSE OR PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER PURSUANT TO RHODE ISLAND GENERAL LAWS, §11-47-11

INTRODUCTION

The Town of North Smithfield is authorized by R.I.G.L. §11-47-11 to issue a concealed weapon license to a person twenty-one (21) years of age or over having a bona fide residence or place of business in North Smithfield, or a person twenty-one (21) years of age or over having a bona fide residence within the United States who has already been issued a concealed weapon permit by another state or subdivision of the United States. The concealed weapon license may be issued only if the Town determines 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.

Should the Town issue the license, it shall be in triplicate in a form prescribed by the Attorney General and shall bear the fingerprint, photograph, name, address, description and signature of the licensee and the reason given for desiring the license. The license shall not contain the serial number of any firearm.

It is important to remember that a permit to carry a pistol or revolver does not authorize the licensee to use the firearm. Such usage of a handgun is regulated by other provisions of RI law.

Before a licensee is granted a permit to carry a pistol or revolver, he or she must acknowledge familiarity with the provisions of the R.I. Firearms Act and Federal laws pertaining to firearms. The licensee must observe both Federal and RI laws. Federal law is administered by Federal agencies. For information relative to Federal regulation of firearms, the licensee should 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. Applicants should read the instructions carefully and note that first time and renewal applicants must supply all information being requested to the Town of North Smithfield at the time of application. A successful applicant for a permit to carry a pistol or revolver will be notified by mail to respond personally to the North Smithfield Police Department to obtain the permit.

PROCEDURE

An applicant for a concealed weapon permit must submit a written application with recent photographs, two types of positive identification and a full set of fingerprints on an FBI Fingerprint Application Card to the North Smithfield Police Department, 575 Smithfield Road, North Smithfield, Rhode Island. The Police Department will then check the applicant's background with state, local and federal law enforcement databases. Any fees for such checks will be paid by the applicant in advance and these fees are not contingent upon the issuance of the concealed weapon permit. The 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 a prior history of mental illness.

The Town of North Smithfield 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 Town of North Smithfield shall review the application on an individual basis to determine whether the applicant has good reason to fear injury or has other proper reason, as required by the statute, and whether the applicant is suitable to be licensed.

PROPER SHOWING OF REASON FOR ISSUANCE

In considering each individual application for a concealed weapon license, the Town must determine whether or not the applicant has demonstrated a proper showing, as required by law, 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 concealed firearm in untrained hands could present danger to the public and the applicant, the Town must consider countervailing risks to the public in considering issuance of the license.

While there cannot be any set formula or criteria to limit or restrict the Town's decision to issue or deny a concealed weapon license, the Town will afford a hearing to each applicant upon the applicant's request before ruling on the application. The Town will consider the following factors in assessing an applicant's stated reason for issuance of the license:

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 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 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 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 of the license by the Town even if it is not sufficient to disqualify the applicant as a matter of law from possessing a firearm?
9. Has a protective order been issued relative to the applicant pursuant to chapter 15-5, chapter 15-15, or chapter 8-8.1 of the general laws?
10. Are there other factors deemed lawful and appropriate by the Town to demonstrate that the applicant is or is not a person suitable to possess a firearm in public.

After assessing the above factors, the Town shall grant or deny the concealed weapon permit, and in the case of a denial, shall state its reasons therefore in writing. In certain cases, the Town may issue a concealed weapon permit with restrictions in lieu of a denial.

In addition to these reasons, the Town 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 firearm in the public sector.

RESPONSIBILITIES

Approved holders must maintain, use, and store their firearm or firearms in a responsible manner. All permit holders are required to inform the North Smithfield Police Department, 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 the licensee does not report a loss or theft in a timely manner, his or her permit may be suspended.

CONCLUSION

This policy is meant as a general guideline to aid the public in understanding the Town of North Smithfield's authority to carry out the requirements of Rhode Island General Laws §§ 11-47-11 and it shall be followed as a guideline in the assessment of applications for a concealed weapon permit. This policy is not intended to and does not confer any rights on any person.

TOWN OF NORTH SMITHFIELD

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

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 and MUST BE SIGNED OR STAMPED by a North Smithfield Town Hall official certifying to the applicant's residence or place of business.
3. Enclose three (3) (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., N.R.A. Instructor or Police range instructor must be supplied, **along with a copy of the instructor's 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 **NON-RESIDENT APPLICANTS** must include a copy of their home state permit.
7. All new concealed weapon permits issued by the Town of North Smithfield 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.
8. 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.

9. A letter must be submitted by all applicants stating a good or proper reason why a permit should be issued and why the applicant is a suitable person to be licensed. Included in this letter must be a detailed explanation as to how the applicant plans to properly secure his or her firearm so that it does not fall into unauthorized hands. All letters must be original, and dated. The Town will not accept a photocopy of any letter or signature.

10. A Forty dollar (\$40.00) CHECK OR MONEY ORDER payable to the Town of North Smithfield must be presented when picking up the license.

DO NOT SEND A CHECK OR MONEY ORDER 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 pick up permit. **This application, fingerprint card, and photos become part of the records of the Town of North Smithfield and will not be returned.**

12. All **permits will expire FOUR (4) YEARS from the date of issuance.** Also, the renewal of your permit is your obligation. No notification of expiration of the permit will be sent to you. Allow at least 90 DAYS for the processing of your application due to the fact that the Town of North Smithfield is dependent on other agencies for information necessary to complete the application.