



NORTH KINGSTOWN POLICE DEPARTMENT

8166 POST ROAD, NORTH KINGSTOWN, RHODE ISLAND 02852

Telephone: (401) 294-3311 FAX: (401) 294-6830

Administrative Offices: (401) 294-3316

CHIEF OF POLICE
Patrick Flanagan

Dear Applicant:

By applying to the North Kingstown 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 the statute which gives the North Kingstown Police Department the right and responsibility to administer the program in accordance with law. It is intended as a service to the people of the Town of North Kingstown.

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 this pistol or revolver permit. It is intended to serve as a guideline to aid you in understanding the authority and responsibility of the North Kingstown Police Department.

Also contained in this application are the Rhode Island General Laws related 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 provision of the Act.

This application package does not include Federal Laws pertaining to firearms. You must observe both Federal and Rhode Island law. A Federal Law is administered by Federal Agencies. For information relative to Federal regulations of firearms, you may contact the Bureau of Alcohol, Tobacco, and Firearms.

This 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 applications and renewal applicants must supply all information being requested by the North Kingstown 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 North Kingstown Police Department, which may include a personal interview and 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 pistol or revolver will be notified by mail to respond personally to the North Kingstown 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,

Patrick Flanagan
Chief of Police

Pistol Permit Policy

INTRODUCTION

Pursuant to Rhode Island General Laws, Section 11-47-11, the North Kingstown 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, if it appears that the applicant has good reason to fear an injury to his or her person or property or has another proper reason for carrying a pistol or revolver, and that he or she is a suitable person to be so licensed. The North Kingstown 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, as prescribed in RIGL 11-47-15 and 16, 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 North Kingstown Police Department does not discriminate in the issuance of a pistol permit on the grounds of race, sex, national origin, or any other reason prohibited by law. Note that pursuant to RIGL 11-47-7, illegal aliens are not permitted to purchase, own, carry, transport or possess any firearm.

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 North Kingstown Police Department, 8166 Post Road, North Kingstown, RI. The North Kingstown Police Department then checks the applicant's background with state, local and federal law enforcement databases. The North Kingstown 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 North Kingstown 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.

The North Kingstown 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 criteria, summarized below, for the issuance of a permit to carry a concealed pistol or revolver upon his / her person:

1. The applicant must have a bona fide residence or place of business with the Town of North Kingstown and be 21 years of age or over; or

Be 21 years of age or over, and have 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; and
2. The applicant has a good reason to fear an injury to his or her person or property; or
3. The applicant has any other proper reason to be licensed; and
4. The applicant shall be a suitable person to be so licensed.

Note: 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 North Kingstown Police Department must determine whether or not the application 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 North Kingstown Police Department's discretion to issue or deny a pistol permit, the North Kingstown Police Department considers the following factors in assessing an applicant's proper showing of need:

1. Has the applicant demonstrated a specific or particularly risk to life, limb or property?
2. Has the applicant demonstrated the skill, training, and ability to properly use a concealed weapon in accordance with Rhode Island Law?
3. Has the applicant presented a plan to properly secure the firearm so that it does not fall into unauthorized hands?
4. Does past unlawful, dangerous or violent conduct of the applicant justify denial at the North Kingstown Police Department's discretion even if it is not sufficient to disqualify the applicant as a matter of law from possessing a firearm?
5. 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?
6. Any and all factors deemed lawful and appropriate by the Town of North Kingstown to demonstrate that the applicant is or is not a person suitable to possess a loaded firearm in public.

After assessing the above factors deemed lawful and appropriate by the North Kingstown Police Department in its sole discretion shall grant or deny the pistol permit.

RESPONSIBILITIES

Approved holders must maintain, use and store their firearm(s) in a responsible manner. All permit holders are required to inform the North Kingstown 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 CONCEALED 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 (2) (1"x1") pictures of the applicant taken without headgear or glasses. This photo must be a clear picture of the head and face. Please PRINT applicants name on the back of each picture. NO LAMINATED PHOTOS will be accepted.
4. Three (3) references and reference letters are required for new and renewal applications and are to be submitted along with the application. All three references are to write a typed letter for the application pertaining to the gun permit — all letters are to be SIGNED, DATED AND MUST BE NOTARIZED.
5. Proof of qualification before a certified weapon instruct, i.e. NRA instructor police range instructor, must be supplied along with a copy of the NRA/FBI firearms instructor's certification.
6. Two types of positive identification must be submitted, photocopied, signed and dated by a notary public attesting to be true copies.
7. All new pistol permits issued from this department must have a full set of applicant's fingerprints submitted on an FBI Fingerprint Applicant Card included with the application. Fingerprint card must be signed by the applicant. The cost of processing fingerprints are borne by the applicant. This is not necessary for renewal applications.
8. If the permit is to be used for employment, a typed and signed letter of explanation must be submitted on your employer's letterhead and included with the application. Also, please include a copy of the business license as proof that the business exists.
9. If the permit is not for employment, a typed letter must be submitted by the applicant stated the reasons why a permit is needed on a full-time basis. All letters must be signed, dated and notarized. We will not accept a photocopy of any signature.
10. Retired police officers applying under Section 11-47-18 must submit a letter of verification from the Chief of Police of the department from which they retired, stating that they have completed 20 years of service in good standing.
11. A forty-dollar (\$40.00) check or money order must be submitted with your application. This fee covers the administrative costs involved in processing the application and is NON — REFUNDABLE.
12. Application 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 North Kingstown Police Department and will not be returned.
13. 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 120 days for processing of your application.

RENEWALS ONLY REQUIRE THE COMPLETION:

Please submit:

1. New completed application
2. New photographs
3. Proof of qualification
4. Check for \$40.00 made payable to the Town of North Kingstown

**** You do not need to re-submit letters of recommendations and fingerprints***

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Patrick Flanagan

NORTH KINGSTOWN POLICE DEPARTMENT

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Town of North Kingstown
North Kingstown, Rhode Island

APPLICATION FOR LICENSE TO CARRY CONCEALABLE WEAPON

Renewal
New Permit
(Circle One)

DATE: _____ PERMIT NUMBER: _____

NAME: _____
 First Middle Last

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

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:

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 the criteria.

1. Injury to Person or Property:

- a. Explain the circumstances and extent of the threat or injury to your person or threat or extent of damage to your property.

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

- c. What was the result?

- d. Has the applicant received a restraining order from any court?

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

3. How will the carrying of a concealed pistol or revolver, on his / her person, mitigate the threat to you or your 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 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 mentally incompetent.
3. A person who has been adjudicated or is under treatment or confinement for drug addiction.
4. A person under treatment or confined as a habitual drunkard.
5. A person convicted of a crime of violence.

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

Yes No
(Circle one)

If yes, please explain:

(If necessary, please submit a separate sheet)

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

1. Have you ever been arrested?

If yes, note the 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 indicate the Town, City, State or jurisdiction.

Where you denied? _____ If so, give reason:

(If necessary, please submit a separate sheet)

4. Have you ever been **arrested**? _____ If so, give details:

5. Have you ever been under guardianship or confined or treated for mental illness? _____
If so, give details:

6. Have you ever been convicted of a crime? _____ If so, give details:

7. Have you ever pled nolo contendere to any charge or violation? _____ If so, give details:

8. Are you under indictment in any court for a crime punishable by imprisonment exceeding one year?
If so, give details and dates:

9. 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, give city or town _____ If so, is it currently (pick one)

Active? _____ Expired? _____ Denied? _____ Revoked? _____

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

10. Have you ever applied for a pistol permit to carry a handgun in another state?

Yes _____ No _____ If yes, name state and city _____

SEND PHOTOCOPY OF OUT OF STATE PERMIT OR LICENSE

Were you denied? _____ If so, give details

11. 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, signed and notarized letters will be accepted.)

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

A photocopy of any two 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) references are required that are not a family member or relative. Refer to #4 on page 6 of the Instructions for License to Carry a Concealable Weapon:

1.	_____	_____	_____	_____
	Name	Address/City/State/Zip	Area Code/Tele No.	Years Known
2.	_____	_____	_____	_____
	Name	Address/City/State/Zip	Area Code/Tele No.	Years Known
3.	_____	_____	_____	_____
	Name	Address/City/State/Zip	Area Code/Tele No.	Years Known



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

APPLICANT MUST QUALIFY AND INSTRUCTOR MUST COMPLETE SECTION BELOW WITHIN
ONE (1) YEAR PRIOR TO SUBMITTING APPLICATION.

WEAPON QUALIFICATION SCORE: _____ CAL.OF WEAPON: _____

AMY-L _____ SCORE: _____ R.I. 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 **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