



Portsmouth Police Department

APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

List all addresses for the last three years, including dates and locations.

Have you ever been arrested? _____ If so, give details _____

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

Have you ever been treated for addiction to a controlled substance? _____ If so, give 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. _____

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

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



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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? _____ If so, give details _____

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 _____

Two (2) types of positive identification must be submitted. Examples: birth certificate, Rhode Island or other state driver's license, or 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) original letters of reference are required. Only signed and notarized letters will be accepted:
Please list references below.

Name	Address/City/State/Zip	Area Code/Tele #	Years Known
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Name	Address/City/State/Zip	Area Code/Tele #	Years Known
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Name	Address/City/State/Zip	Area Code/Tele #	Years Known
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