

Narragansett Police Department

40 Caswell Street, Narragansett, RI 02882

RENEWAL APPLICATION FOR PERMIT TO CARRY A CONCEALABLE WEAPON

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

WEAPON QUALIFICATION SCORE: CAL. OF WEAPON _____

AMY-1 _____ SCORE _____ RI 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 SECTION 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)

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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 possessing 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 incompetent
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.

Do any of the prohibitions apply since the issuance of your conceal carry permit?

Yes _____ No _____

If yes, please explain: _____

(If necessary, please submit a separate sheet)

FACTS TO BE USED IN DETERMINING WHETHER THE APPLICANT IS ELIGIBLE FOR RENEWAL OF A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER

1. Have you ever been arrested, charged or summonsed for any offense?

If so, note date of arrest(s) and give details: _____

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2. Has the applicant received a restraining order from any court? _____

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

4. Have you ever refused to take a Breathalyzer test? _____

If so, give details including the name of the law enforcement agency involved _____

5. 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, state city, town, state or jurisdiction _____

Were you denied? _____ If so, give reason: _____

(If necessary, please submit a separate sheet)

6. Have you ever been under the care of a Psychiatrist or Psychologist? _____

If yes, please explain

(If necessary, please submit a separate sheet)

7. Have you ever been under guardianship or confined or treated for mental illness? _____

If yes, details.

