



## West Warwick Police Department

1162 Main Street  
West Warwick, RI 02893-4829  
Phone: (401) 821-4323 Fax (401) 822-4898



### APPLICATION FOR A PERMIT TO CARRY A CONCEALED WEAPON

Dear Applicant:

By applying to the West Warwick 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 West Warwick Police Department the right and responsibility to administer this program in accordance with the law. It is intended as a service to the people of the Town of West Warwick.

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

Also contained in this application are the Rhode Island General Laws relating 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 provisions of the Act.

This application package does not include Federal Laws pertaining to firearms. You must observe both Federal and Rhode Island laws. 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.

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. Please read the instructions carefully and note that first time and renewal applicants must supply all information being requested by the West Warwick 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 West Warwick Police Department, which may include a personal interview and which 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 Superior Court.

A successful applicant for a permit to carry a pistol or revolver will be notified by mail to respond personally to the West Warwick 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,

Ernest Lavigne  
Chief of Police

# Pistol Permit Policy

## INTRODUCTION

Pursuant to Rhode Island General Laws §11-47-11, the West Warwick 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 having a bona fide residence or place of business within West Warwick upon a proper showing of need, or has a 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. The West Warwick Police Department will exercise its discretion consistent with § 11-47-11.

Pursuant to Rhode Island General Laws § 11-47-15, the applicant must also qualify with a pistol or revolver of a caliber equal to or larger than the one he/she intends to carry in order 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 West Warwick 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.

## 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 West Warwick Police Department, 1162 Main Street, West Warwick, RI. The West Warwick Police Department then checks the applicant's background with state, local and federal law enforcement databases. The West Warwick 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. This check includes speaking with references, neighbors, and employers they deem appropriate.

The West Warwick 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.

If this initial check does not disqualify the applicant from obtaining a pistol permit, the West Warwick Police Department may conduct a personal interview to clarify information provided on the application.

## CRITERIA FOR ISSUANCE OF A CONCEALED PISTOL OR REVOLVER PERMIT

Rhode Island General Law, §11-47-11(a) establishes the following criteria for the issuance of a permit to carry a concealed pistol or revolver upon his/her person:

1. The person must be twenty one (21) years of age or older **AND** have a bona fide residence or place of business within the Town of West Warwick; **OR**
2. The person is twenty one (21) years of age or older, has a bona fide residence within the United States **AND** a license or permit to carry a pistol or revolver concealed upon his or her person issued by the authority of any other state or subdivision of the United States.
3. It appears that the applicant has good reason to fear an injury to his or her person or property; **OR**
4. Has any other proper reason to so be licensed;

**AND**

5. Is a suitable person to be so licensed.
6. **A person prohibited from having a firearm by any State or Federal Law, or pursuant to a 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, the West Warwick Police Department must determine whether or not the applicant 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 West Warwick Police Department's discretion to issue or deny a pistol permit, the West Warwick 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 Laws?
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 West Warwick 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 other factors deemed lawful and appropriate by the Town of West Warwick to demonstrate that the applicant is or is not a person suitable to possess a loaded firearm in public.

After assessing the about factors, the West Warwick Police Department in its sole discretion shall grant or deny the pistol permit. In certain cases the Town of West Warwick may issue a pistol permit with restrictions in lieu of a denial.

### RESPONSIBILITIES

Approved holders should maintain, use and store their firearm(s) in a responsible manner. All permit holders are required to inform the West Warwick 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.

**All permit holders are required to notify the West Warwick Police Department immediately if they have engaged in any unlawful, dangerous, or violent conduct; if they are the subject of a protective order; or if there is any other reason why they are no longer suitable to retain the pistol permit. The Department reserves the right to suspend or revoke the pistol permit for just cause.**

## INSTRUCTIONS FOR A LICENCE 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. Application must be signed in BLUE INK.**
2. The application must be **NOTARIZED**.
3. Enclose two (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 of the back of each picture. NO laminated photos will be accepted.
4. Proof of qualification before a certified weapons instructor, i.e. NRA instructor or police range instructor, must be supplied along with a copy of the 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 new pistol permits issued from this department must have a full set of applicant's fingerprints submitted on an **FBI FINGERPRINT APPLICANT CARD** FD-258 Rev. 12-29-82)) included with the application. Fingerprint card must be signed by the applicant. This is not necessary for renewal applications.
7. 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.
8. If the permit is not for employment, a typed letter must be submitted by the applicant stating the reasons why a permit is needed on a full-time basis. All letters must be dated. We will not accept a photocopy of any signature.
9. 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 GOOD service.
10. A forty dollar (\$40.00) permit fee as provided for in Rhode Island General Law 11-47-12 shall be charged and shall be paid for each license or permit issued. A **CHECK OR MONEY ORDER**, payable to the Town of West Warwick must be presented when picking up the permit.
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 pickup permit. This application, fingerprint card, and photos become part of the records of the West Warwick Police Department and will NOT be returned.
12. 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.



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**APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON**

DATE: \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_  
Street Name & Number (no P.O. Boxes Accepted) Town/City State & Zip

TEL. NUMBER \_\_\_\_\_  
HOME BUSINESS OTHER

SOCIAL SECURITY NUMBER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_

\_\_\_\_\_  
(EMPLOYER'S STREET NAME & NUMBER) CITY OR TOWN STATE & ZIP

DETAIL OF JOB DESCRIPTION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

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 (3) YEARS, INCLUDING DATES & LOCATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If necessary, please submit a separate sheet)

HAVE YOU EVER HAD A LEGAL NAME CHANGE? \_\_\_\_\_ IF YES, PLEASE LIST FORMER NAME(S):

\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_, IF SO, NOTE DATE OF ARREST(S) AND GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN UNDER GUARDIANSHIP OR CONFINED OR TREATED FOR MENTAL ILLNESS? \_\_\_\_\_, IF SO, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OR PLED NOLO CONTENDERE TO ANY CHARGE OR VIOLATION?

\_\_\_\_\_, IF SO, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

ARE YOU PRESENTLY, OR HAVE YOU BEEN THE SUBJECT OF A RESTRAINING ORDER FROM ANY COURT? \_\_\_\_\_

IF SO, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER REFUSED TO TAKE A BREATHALYZER TEST? \_\_\_\_\_ IF SO, GIVE DETAILS INCLUDING THE NAME OF THE LAW ENFORCEMENT AGENCY INVOLVED \_\_\_\_\_

\_\_\_\_\_

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 OR STATE OR JURISDICTION \_\_\_\_\_

WERE YOU DENIED? \_\_\_\_\_ IF SO, GIVE REASON: \_\_\_\_\_

\_\_\_\_\_

(ATTACH COPY OF OUT OF STATE PERMIT.)

ON A SEPARATE SHEET OF PAPER OR LETTERHEAD, TYPE DETAILS AND SPECIFIC REASONS FOR YOUR NEED FOR A RHODE ISLAND PERMIT (ONLY TYPED LETTERS WILL BE ACCEPTED).

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

A PHOTOCOPY OF ANY TWO (2) 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) LETTERS OF REFERENCE ARE REQUIRED**

\_\_\_\_\_  
Name Address/City/State/Zip Tel # Yrs. Known

\_\_\_\_\_  
Name Address/City/State/Zip Tel # Yrs. Known

\_\_\_\_\_  
Name Address/City/State/Zip Tel # Yrs. Known

**NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY ALL OTHERS MUST QUALIFY IN ACCORDANCE TO SECION 11-47-15 (Must Qualify Within 1 Year of Submitting Application)**

WEAPON QUALFICATIONS SCORE: CAL. OF WEAPON \_\_\_\_\_

AMY-L \_\_\_\_\_ SCORE \_\_\_\_\_ RI COMBAT \_\_\_\_\_ SCORE \_\_\_\_\_

\_\_\_\_\_  
Signature of N.R.A. Instructor of Police Range Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Telephone Number of N.R.A. Instructor or Police Range Officer

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**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 ISALND

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public – Printed Name

MY COMMISSION EXPIRES ON \_\_\_\_\_

**FACTS TO DETERMINE FEAR OF 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:

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b. HAS THE APPLICANT FILED A REPORT WITH ANY LAW ENFORCEMENT AGENCY INDICATING THAT HIS/HER PERSON OR PROPERTY HAS BEEN THREATENED OR DAMAGED? \_\_\_\_\_

WHAT AGENCY HAS THE REPORT BEEN FILED WITH? \_\_\_\_\_

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c. WHAT WAS THE RESULT? \_\_\_\_\_

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d. HAS THE APPLICANT RECEIVED A RESTRAINING ORDER FROM ANY COURT? \_\_\_\_\_

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2. IS THE APPLICANT PRESENTLY, OR HAS/SHE BEEN THE SUBJECT OF A RESTRAINING ORDER FROM ANY COURT?

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3. HOW WILL THE CARRYING OF A CONCEALED PISTOL OR REVOLVER, ON HIS/HER PERSON, MITIGATE THE THREAT TO YOU OR YOUR PROPERTY? \_\_\_\_\_

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(IF NECESSARY, PLEASE SUBMIT A SEPARATE SHEET)

\_\_\_\_\_  
Applicant's Signature



**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 TO RECEIVING A LICENSE TO CARRY A WEAPON APPLY TO YOU?

YES \_\_\_\_\_

NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(IF NECESSARY, PLEASE SUBMIT A SEPARATE SHEET)

\_\_\_\_\_  
Applicant's Signature