

# TIVERTON POLICE DEPARTMENT



## APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

REVISED 04/12/2022

Dear Applicant:

By completing an APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON with the Tiverton Police Department, you are exercising your right under Rhode Island General Law §11-47-11. This statute gives the licensing authorities of any city or town the ability to, upon application of any person twenty-one (21) years of age or over having a bona fide residence or place of business within the city or town, or of any person twenty-one (21) years of age or over having 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 authorities of any other state or subdivision of the United States, issue a license or permit to the person to carry concealed upon his or her person a pistol or revolver everywhere within this state for four (4) years from date of issue, if it appears 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.

It is important to remember that a license to carry a concealable weapon does not authorize you to use a firearm. Such usage of a firearm is regulated by other provisions of Rhode Island law. Please carefully read the enclosed policy regarding the issuance of the license to carry a concealable weapon. It is intended to serve as a guideline to aid you in understanding the authority and responsibility of the Chief of Police to carry out Rhode Island law.

Also contained in this application are the Rhode Island General Laws relating to weapons, known as the Firearms Act. Before you are granted a license to carry a concealable weapon, you must acknowledge that you have read and 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. Federal law is administered by Federal agencies. For information relative to Federal regulation of firearms, you may contact the Bureau of Alcohol, Tobacco, and Firearms (ATF).

The application itself must be filled out completely and truthfully. It is a crime to knowingly give false information to obtain a license to carry a concealable weapon. Please read the instructions carefully.

The submission of the application for a license to carry a concealable weapon is the beginning of a process of review by members of the Tiverton Police Department, which culminates in a recommendation of affirmation or denial. Should your application be denied, you will be advised by mail. If you wish to appeal this finding, you may contact the Chief of Police at 401-625-6717 and a personal interview will be scheduled to reconsider the application.

A successful applicant for a license to carry a concealable weapon will be notified to respond personally to Tiverton Police Headquarters, 20 Industrial Way, Tiverton, RI 02878 to obtain the license to carry a concealable weapon. Please exercise your privilege to carry a pistol or revolver in the State of Rhode Island responsibly, properly, and safely.

Applications may be submitted Monday through Friday, 7:00 am to 3:00 pm (excluding holidays) at the Records Window. An appointment for fingerprints and photographs will be made at that time.

Sincerely,

Patrick W. Jones, Chief of Police

## INTRODUCTION

Pursuant to Rhode Island General Laws § 11-47-11, the licensing authorities of any city or town shall issue a license to carry a concealable weapon to any person twenty-one (21) years of age or over upon a proper showing of need. This statute requires the licensing authority to deny a license to carry a concealable weapon to all persons who do not demonstrate a proper showing of need to carry a pistol or revolver on their person. No one in the State has a right to obtain a license to carry a concealable weapon. A license to carry a concealable weapon is a privilege left to the discretion of the Attorney General or the licensing authority of the city or town. The licensing authority for the Town of Tiverton is the Chief of the Tiverton Police Department.

The Chief of Police will exercise his discretion in a manner designed to protect the public at large as well as the individual applicant for a license to carry a concealable weapon.

Pursuant to R.I. Gen. Laws § 11-47-15, the applicant must also qualify to obtain a license to carry a concealable weapon. 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 privilege to carry a concealed firearm is limited to those who demonstrate a need for, and an understanding and acceptance of, this responsibility. The Chief of Police and the Tiverton Police Department do not discriminate in the issuance of a license to carry a concealable weapon on the grounds of race, sex, national origin, or any other reason prohibited by law.

## PROCEDURE

An applicant for a license to carry a concealable weapon must submit a written application to the Tiverton Police Department, 20 Industrial Way, Tiverton, RI 02878. The Tiverton Police Department only accepts the TIVERTON POLICE DEPARTMENT APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON. We do not accept the Rhode Island Attorney General's Application. Applications will be turned into the Records Division Monday through Friday, 7:00 am to 3:00 pm ONLY (excluding holidays). You will be contacted at a later date to make an appointment to have your fingerprints and photograph taken. Members of the Tiverton Police Department then check the applicant's background with state, local and federal law enforcement databases. Members of the Tiverton Police Department will 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 Chief of Police will not issue a license to carry a concealable weapon 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 license to carry a concealable weapon, the Chief of Police shall review the application on an individual basis to determine whether there has been a proper showing of need, as required by the statute, and whether the applicant is qualified.

The application, fingerprint card and photos become part of the records of the Tiverton Police Department and will not be returned. The \$40.00 application fee is non-refundable. **All licenses to carry a concealable weapon will expire four (4) years from the date of issue. The renewal of your license to carry a concealable weapon is your obligation.** No notification of expiration of the license to carry a concealable weapon will be sent to you. Allow a minimum of ninety (90) days for processing your application.

### **NON-RESIDENT APPLICATIONS**

For individuals living outside the State of Rhode Island the Tiverton Police Department will only consider applicants who demonstrate a legitimate business interest or personal safety concerns **WITHIN THE TOWN OF TIVERTON**. A color copy of your active license to carry a concealed pistol or revolver (License to Carry "LTC") from your home state must be attached to this application. As part of the background check process, the Tiverton Police Department will be sending an inquiry regarding your suitability to be issued a license to carry a concealable weapon to the police department of the city or town in which you reside. If we receive negative information from the department or the department fails to respond to the inquiry your request will be denied. The Tiverton Police Department will not issue a license to carry a concealable weapon to Rhode Island residents who do not have a bona fide residence or place of business within the Town of Tiverton. These individuals must apply to the police department in the city or town in which they reside or the Rhode Island Department of Attorney General.

### **RESPONSIBILITIES**

Approved license holders must maintain, use, and store their firearm or firearms in a responsible manner. All license holders are required to inform their respective city or town police departments, 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 you do not report a loss or theft timely, your license may be suspended or revoked.

### **CONCLUSION**

This policy is meant as a general guideline to aid the public in understanding the Chief of Police's authority to carry out the requirements of Rhode Island General Laws § 11-47-11 and other applicable state and federal laws and it shall be followed as a guideline in the assessment of applications for a pistol permit. This policy is not intended to and does not confer any rights on any person.

## **REQUIRED DOCUMENTATION**

- No application will be considered unless the following has been accomplished:
- The TIVERTON POLICE DEPARTMENT APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON must be filled out completely by the applicant. We do not accept applications from other departments or the Attorney General's Office. All information must be legible. Please print or type the application or it will be denied. The application must be signed by the applicant in ALL of the required places.
- The application must be signed and notarized.
- Proof of qualification before a certified weapons instructor, i.e. NRA Instructor or Police Range Instructor, must be submitted with this application, along with a copy of the NRA/FBI Firearms Instructor's Certification.
- Color copies of two types of state issued identification must be submitted with this application.
- All new applications 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)). Fingerprints will be taken at Tiverton Police Headquarters.
- If the permit is to be used for employment, a notarized letter signed by your employer must be submitted on your employer's letterhead and included with the application.
- Three (3) letters of reference must be submitted with this application.
- Retired Police Officers applying under Section 11-47-18, must submit a letter of verification from the Chief of Police of the department which they retired from, stating that they have completed at least twenty (20) years of good service.
- AUTHORIZATION FOR RELEASE OF INFORMATION FORM must be signed and notarized.
- If you answered YES to any question pertaining to criminal arrest, conviction or mental illness copies of police reports and certified copies of court records must be provided.
- Color copies of all permits or licenses to carry firearms must be submitted.
- A forty dollar (\$40.00) check or money order must be submitted with your completed application. This is non-refundable.

**TIVERTON POLICE DEPARTMENT  
APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON**

Date:	Permit Number:
-------	----------------

**Name/Information:**

---

First	Middle	Last
-------	--------	------

---

Social Security Number	Date of Birth	Place of Birth
------------------------	---------------	----------------

---

Height	Weight	Eye Color	Hair Color
--------	--------	-----------	------------

**Permanent Address (No P.O. Boxes Accepted):**

---

Number & Street Name

---

City or Town	State	Zip
--------------	-------	-----

**Telephone Numbers:**

---

Home	Work	Cell
------	------	------

**Email:**

---

**Employer:**

---

Employer Name	Telephone Number
---------------	------------------

---

Number & Street Name

---

City or Town	State	Zip
--------------	-------	-----

---

Detail Job Description

**List all addresses for the past three (3) years (include dates-attach additional pages if necessary):**

Number & Street Name	City or Town	State	Zip	Dates From-To

Answer the below questions. If you answered YES to any question, provide the details in the space provided. If more space is needed, you may attach additional pages. Exact and detailed information must be provided. If you are unsure of any information go to the law enforcement agency, court, or other involved agency and obtain the information. **You will be required to obtain copies of any police reports or court records before this application is approved.**

Have you ever been arrested or charged for any offense?  Yes  No  
(If YES provide details below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been cited or summoned for any violation?  Yes  No  
(If YES provide details below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been under guardianship or confined or treated for mental illness?  Yes  No  
(If YES provide details below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No  
(If YES provide details below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever pled nolo contendere to any charge or violation?  Yes  No  
(If YES provide details below)

---

---

---

Are you under indictment in any court for a crime punishable by imprisonment exceeding one year?  Yes  No  
(If YES provide details below)

---

---

---

Have you ever had a restraining order, no contact order, or protective order issued against you?  Yes  No  
(If YES provide details below)

---

---

---

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?  Yes  No

If YES, issuing city or town

Status:

Active

Expired

Denied

Revoked

(If so, 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, issuing city or town and state

Status:

Active

Expired

Denied

Revoked

(If so, enclose photocopy, notary-signed and dated, attesting copies are true)

Have you ever had a legal name change?  Yes  No

If YES, please state former name (include maiden name)



Please list nicknames or aliases used by you.

---

---

---

Are you a citizen of the United States?

Yes  No

If NO, please provide the country you were born in and your residency status.

(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.)

**Please provide three (3) references. Reference letters must be attached to this application.**

---

1. Name Telephone Number

---

Number & Street Name	City or Town	State	Zip	Years Known
----------------------	--------------	-------	-----	-------------

---

2. Name Telephone Number

---

Number & Street Name	City or Town	State	Zip	Years Known
----------------------	--------------	-------	-----	-------------

---

3. Name Telephone Number

---

Number & Street Name	City or Town	State	Zip	Years Known
----------------------	--------------	-------	-----	-------------

**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

\_\_\_\_\_  
CITY STATE

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

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

\_\_\_\_\_  
Notary Stamp Required

**NOTE: ALL MUST QUALIFY IN ACCORDANCE TO 11-47-15**

**THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY**

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

Weapon Qualification Score \_\_\_\_\_ Caliber of Weapon \_\_\_\_\_

ARMY-L \_\_\_\_\_ SCORE \_\_\_\_\_ R.I. COMBAT \_\_\_\_\_ SCORE \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name & Telephone Number of NRA Instructor or Police Range Officer

\_\_\_\_\_  
NRA Number or Police Department Name

**Copy of NRA certificate or certificate card with visible expiration date must be included.**

**RHODE ISLAND GENERAL LAWS CHAPTER 11-47**

**Weapons**

**Index of Sections**

**Rhode Island General Laws can be viewed at [www.rilin.state.ri.us/statutes/statutes.html](http://www.rilin.state.ri.us/statutes/statutes.html)**

- § 11-47-1 Short title.
- § 11-47-2 Definition of terms.
- § 11-47-3 Carrying dangerous weapons or substances when committing crime of violence.
- § 11-47-3.1 Carrying a stolen firearm when committing a crime of violence.
- § 11-47-4 Being armed prima facie evidence of intention.
- § 11-47-5 Possession of arms by person convicted of crime of violence or who is a fugitive from justice.
- § 11-47-5.1 Larceny of a firearm.
- § 11-47-6 Mental incompetents, drug addicts, and drunkards prohibited from possession.
- § 11-47-7 Possession of firearm by alien.
- § 11-47-8 License or permit required for carrying pistol – Possession of machine gun.
- § 11-47-9 Persons exempt from restrictions.
- § 11-47-9.1 Additional exemptions.
- § 11-47-10 License or permit not required to carry to target range.
- § 11-47-11 License or permit to carry concealed pistol or revolver.
- § 11-47-12 License or permit fee.
- § 11-47-13 Revocation of license or permit.
- § 11-47-14 Licenses and permits to banks and carriers.
- § 11-47-15 Proof of ability required for license or permit.
- § 11-47-15.1 Qualifications required of law enforcement officers appointed after June 6, 1970.
- § 11-47-15.2 Definitions of law enforcement firing positions.
- § 11-47-15.3 Commission on law enforcement standards and training.
- § 11-47-16 Certification of qualification.
- § 11-47-17 Qualifications required of law enforcement officers appointed after June 17, 1959.
- § 11-47-17.1 Mandatory or discretionary nature of § 11-47-15.1 requirements – Qualification reports to be filed.
- § 11-47-18 License or permit issued by attorney general on showing of need – Issuance to retired police officers.
- § 11-47-19 Machine gun manufacturers' licenses or permits.
- § 11-47-20 Sale or possession of silencers.
- § 11-47-20.1 Armor-piercing bullets.
- § 11-47-20.2 Possession during commission of a felony.
- § 11-47-20.3 Injury or death of law enforcement officer.
- § 11-47-21 Restrictions on possession or carrying of explosives or noxious substances.
- § 11-47-22 Forfeiture and destruction of unlawful firearms.
- § 11-47-23 False information in securing firearm or license.
- § 11-47-24 Alteration of marks of identification on firearms.
- § 11-47-25 Antique firearms and collections.
- § 11-47-26 Penalties for violations.
- § 11-47-27 Standard of proof under §§ 11-47-1 – 11-47-34.
- § 11-47-28 Arrest and detention for possession of firearms.
- § 11-47-29 Certification of conviction of alien.

**I certify that I have read, understand, and will comply with the above Rhode Island General Laws, Chapter 11-47, Weapons.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby give the Tiverton Police Department the authority to conduct a comprehensive investigation of my background for the purpose of determining my need and suitability for carrying a concealed firearm. This includes, but is not limited to, oral and written discussions with any person or persons concerning my background. I also authorize a review and full disclosure of all records and any other information concerning myself whether such records and other information are public, private, privileged or confidential. This includes records maintained by past and present employers; local, state, and federal law enforcement agencies; local, state, and federal courts (to include probate courts); other local, state and federal agencies including, but not limited to, the Rhode Island Department of Health, the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities & Hospitals; the Department of Veteran Affairs; the Department of Defense; any Health Care facilities, public or private, which dispenses care and treatment for social, mental or emotional difficulties; any Health Care facilities, public or private, which dispenses care and treatment for substance abuse.

To the custodian of the records discussed herein, I hereby authorize you to release information to the bearer of this Authorization for Release of Information. I consider a copy of the Authorization for Release of Information to be as valid as the original even though a copy does not have my original signature.

I hereby release to the Town of Tiverton, the Tiverton Police Department and anyone who gives written or oral information about me to the Tiverton Police Department from any claims of liability or damages which may occur as a result of the background investigation. This release of liability also extends my heirs, associations, assigns and representatives.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BEFORE A NOTARY PUBLIC  
SUBSCRIBED AND SWORN TO BEFORE ME IN

\_\_\_\_\_  
CITY STATE

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

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

\_\_\_\_\_  
Notary Stamp Required

## NON-RESIDENT APPLICATIONS

As part of the background check process, the Tiverton Police Department will be sending an inquiry regarding your suitability to be issued a license to carry a concealed weapon to the police department of the city or town in which you reside. If we receive negative information from the department or the department fails to respond to the inquiry your request will be denied. Below is a sample copy of the letter that will be sent to your local police department. **DO NOT COMPLETE THIS SAMPLE LETTER.** Your application will not be approved until we receive this letter back from the police department of the city/town in which you reside.

Tiverton Police Department  
 20 Industrial Way  
 Tiverton, Rhode Island 02878  
 Phone: (401) 625-6717 Fax: (401) 816-5551  
 Attention: Records Division

Date: \_\_\_\_\_

To: Chief of Police  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Applicant Information:</b>			
_____	_____	_____	
First Name	Middle Name	Last Name	
_____	_____	_____	_____
Street Address	Town/City	State	Zip Code
_____	_____	_____	_____
Date of Birth	Social Security Number		
_____	_____		

The above applicant has applied for a non-resident permit to carry a concealed weapon. We are required by state statute to determine the need and suitability of the applicant to obtain a permit to carry a concealed weapon. As part of processing this request we are not requesting you to conduct a query of your state's criminal history records. We are only looking for those records outlined below contained within your department's records management system (RMS) which includes, but is not limited to, calls for service, arrest reports, investigative reports, incident reports, or any other type of report which you believe would affect the applicant's suitability to be issued a permit to carry a concealed weapon. **A signed and notarized authorization for release of information is attached to this request.** Please review your RMS for any records of:

1. Civil Violations, criminal traffic violations and criminal arrests;
2. Incidents of abuse and/or domestic violence;
3. Juvenile offenses involving conduct which, if committed by an adult, would be considered a felony;
4. Incidents involving drug abuse or alcohol dependence;
5. Incidents involving protection orders, no contact orders or restraining orders;
6. Incidents involving treatment by virtue of being mentally incompetent;
7. Incidents involving court ordered guardianship as an adult;
8. Any other activity that would cause you to recommend against granting the requesting permit.

If any history is found concerning the above named applicant, please attach those reports to this request. Thank you for your anticipated cooperation.

No Records Found     Records Found (See Attached)

\_\_\_\_\_  
 Signature    Printed Name    Title    Telephone Number

<b>Requested By (Tiverton Police Department):</b>			
_____	_____	_____	_____
Signature	Printed Name	Title	Telephone Number
_____	_____	_____	_____
Email _____			

**REVIEW (OFFICIAL USE ONLY)**

Date Application Received by Records Division \_\_\_\_\_

All required documents have been provided and requirements have been met for this applicant.

YES    NO

If no, list items missing/log contact(s) with applicant:

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

Date Forwarded to Uniform Division Lieutenant: \_\_\_\_\_

\_\_\_\_\_  
Senior Records Clerk Signature

\_\_\_\_\_  
Date

Has the completed application been reviewed and forwarded to the Office of the Chief of Police?

YES    NO

Date forwarded to the Chief of Police: \_\_\_\_\_

\_\_\_\_\_  
Lieutenants Signature

\_\_\_\_\_  
Date

**APPROVAL (OFFICIAL USE ONLY)**

Acting under my authority as the Chief of Police of the Tiverton Rhode Island Police  
Department I  **Approve**  **Deny** this application.

Restrictions (If Any): \_\_\_\_\_

If Denied, Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police Signature

\_\_\_\_\_  
Date