

**APPLICATION TO PURCHASE A FIREARM** — C.G.S. §§ 29-33 AND 29-37a

WEAPON TYPE:  **HANDGUN**  **LONG GUN**  **OTHER** SALE AUTHORIZATION NUMBER(S) \_\_\_\_\_

|  |       |   |                                    |                                      |             |
|--|-------|---|------------------------------------|--------------------------------------|-------------|
| Name: <i>(Last, First, Middle)</i>   |       |   | Date of Birth: <i>(MM/DD/YYYY)</i> |                                      |             |
| Address: <i>Include number, street, town, state and zip (Post Office boxes not accepted)</i> |       |   |                                    |                                      |             |
| Sex:   | Race: | Height:                                   | Weight:                            | Eye Color:                           | Hair Color: |
| Social Security Number: <i>(optional)</i>  |       | Country of Citizenship: <i>(required)</i> |                                    | ICE Number: <i>(if applicable)</i>   |             |
| Pistol Permit Number/Eligibility Certificate Number: <i>(required)</i>                       |       |   |                                    | Expiration Date:                     |             |
| Police Identification Number:  |       |   | Agency Name:                       |                                      |             |
| Driver's License Number: <i>(required)</i>   |       | State:                                    |                                    | Expiration Date: <i>(MM/DD/YYYY)</i> |             |

- a. Have you been convicted of a felony?  Yes  No
- b. Have you ever been convicted of a misdemeanor crime of domestic/family violence?  Yes  No
- c. Are you the subject of an active restraining or protective order issued by a court, after notice and an opportunity to be heard has been provided to you, in a case involving the use, attempted use or threatened use of physical force against another person?  Yes  No
- d. Have you ever been confined to a hospital for persons with psychiatric disability (C.G.S. § 17a-495) within the preceding sixty (60) months by order of a Probate Court?  Yes  No
- e. Have you been voluntarily admitted to a hospital for persons with psychiatric disabilities, within the preceding six (6) months for reasons other than solely for alcohol or drug dependence?  Yes  No
- f. Have you been discharged from custody within the preceding twenty (20) years after having been found ***not guilty of a crime by reason of mental disease or defect*** pursuant to Connecticut General Statutes Section 53a-13?  Yes  No
- g. Are you the subject of a court issued risk warrant to seize firearms pursuant to C.G.S. § 29-38c(d)?  Yes  No
- h. Have you ever had an application to purchase a firearm denied in any other State?  Yes  No  
 If so, Where \_\_\_\_\_ When? \_\_\_\_\_ Reason for denial? \_\_\_\_\_
- i. Have you ever been convicted of any of the following misdemeanors?  Yes  No  
**If yes, check all that apply.**

|  |   |
|--|---|
| <input type="checkbox"/> Illegal possession of controlled or hallucinogenic substances (C.G.S. § 21a-279(c)) | <input type="checkbox"/> Unlawful restraint 2 <sup>nd</sup> (C.G.S. § 53a-96) |
| <input type="checkbox"/> Criminally negligent homicide (C.G.S. § 53a-58)                                     | <input type="checkbox"/> Riot 1 <sup>st</sup> (C.G.S. § 53a-175)              |
| <input type="checkbox"/> Assault in the 3 <sup>rd</sup> (C.G.S. § 53a-61)                                    | <input type="checkbox"/> Riot 2 <sup>nd</sup> (C.G.S. § 53a-176)              |
| <input type="checkbox"/> Assault of a victim 60 or older in the 3 <sup>rd</sup> (C.G.S. § 53a-61a)           | <input type="checkbox"/> Inciting to riot (C.G.S. § 53a-178)                  |
| <input type="checkbox"/> Threatening 2 <sup>nd</sup> (C.G.S. § 53a-62)                                       | <input type="checkbox"/> Stalking 2 <sup>nd</sup> (C.G.S. § 53a-181d)         |
| <input type="checkbox"/> Reckless endangerment 1 <sup>st</sup> (C.G.S. § 53a-63)                             |   |

Information provided on this application is subject to verification from sources including probate, civil, and criminal courts as well as governmental agencies pursuant to State and Federal Law, e.g., P.A. 13-3 as amended by P.A. 13-220, P.A. 98-129, and 18 U.S.C. 922, as may be amended.

**I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION ON THIS DOCUMENT IS A VIOLATION OF CONNECTICUT GENERAL STATUTES SECTIONS 29-34 AND/OR 29-37e AND CONSTITUTES A CLASS D FELONY OR IN SOME CASES, A CLASS B FELONY.**

|   |                                     |               |
|---|-------------------------------------|---------------|
| _____<br>SIGNATURE OF PURCHASER   | _____<br>DATE                       |               |
| I UNDERSTAND THAT A PERSON WHO ANSWERS, "YES" TO QUESTIONS A-G IS PROHIBITED FROM PURCHASING A FIREARM. THOSE APPLICANT'S ANSWERING IN THE AFFIRMATIVE TO QUESTIONS H AND I, MAY BE PROHIBITED UPON COMPLETION OF A BACKGROUND CHECK. |                                     |               |
| _____<br>SIGNATURE OF SALESPERSON   | _____<br>DEALER NAME, IF APPLICABLE | _____<br>DATE |

**THIS FORM MUST BE FILLED OUT COMPLETELY AND LEGIBLY BY THE SELLER AND PURCHASER**