



**Providence Police Department  
325 Washington Street  
Providence, Rhode Island 02903**

*"Building Pride in Providence"*

**INSTRUCTIONS FOR APPLICATION FOR LICENSE TO CARRY  
A CONCEALED PISTOL OR REVOLVER**

**Am I submitting an application to the correct government entity?**

\*The City of Providence can only review those concealed carry license applications when:

- 1) An applicant is twenty-one (21) years old **AND**
- 2) Has a residence in the city **OR** a place of business in the city.

**OR**

- 1) An applicant is twenty-one (21) years old **AND**
- 2) Has a residence anywhere in the United States **AND**
- 3) Has a valid permit to carry a pistol or revolver on his or her person from any other subdivision or state of the United States.

**What do I need to include in my submission?**

\*No applications will be considered and will be returned to the applicant unless the following have been completed:

- 1) This official application form must be filled out completely by the applicant. Please print or type the application or IT WILL BE RETURNED.
- 2) The application must be signed by a Notary Public prior to being submitted.
- 3) Enclose two (2) 1-inch by 1-inch pictures of the applicant, taken without head gear or glasses. This photo must be a clear picture of the head and face. 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 instructor's 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 true copies.
- 6) All NON-RESIDENT APPLICANTS must include a notarized copy of their home state permit.
- 7) All NEW applicants must include a full set of fingerprints to be submitted on FBI FINGERPRINT APPLICATION CARD (FD-258 (Rev. 12-29-82)) included with the application. Fingerprint card must be signed by applicant. FINGERPRINT CARD IS NOT REQUIRED FOR A RENEWAL APPLICATION.
- 8) Applicants MUST include a notarized copy of any active concealed weapons carry permit issued by another jurisdiction.
- 9) The applicant must submit a letter addressing how he or she intends to safely handle the firearm when out in public.

**What else should I know before making my submission?**

- A \$40.00 CHECK or MONEY ORDER payable to the City of Providence must be presented when receiving your permit. **DO NOT SEND A CHECK OR MONEY ORDER WITH YOUR APPLICATION.**
- The applicant will be notified by mail of the approval or denial of the permit. Telephone inquiries will not be accepted. If approved, the applicant must appear in person to pick up his or her permit. The application, fingerprint card and photographs become part of the records of the City of Providence and will not be returned.
- All licenses will expire four (4) years from the date of issuance. The renewal of your permit is your obligation. No notification of the expiration will be sent to you. Allow at least 90 days for the processing of your application due to the fact that the City of Providence is dependent on other agencies for information necessary to complete the application.
- **Please note:** Incomplete applications will **NOT** be accepted and will be returned to the applicant.
- Replacement licenses (due to loss, change of address, or for any other reason) cost \$40.00.



DATE RECEIVED \_\_\_\_\_

NEW/RENEWAL \_\_\_\_\_

CITY OF PROVIDENCE

APPLICATION FOR LICENSE TO CARRY A CONCEALED WEAPON PURSUANT TO R.I.G.L. 11-47-11

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

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street Name and Number (Post Office Box NOT ACCEPTED)

\_\_\_\_\_  
City or Town State and Zip Code

TELEPHONE NUMBER: \_\_\_\_\_  
Home Business Cell

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

EMPLOYER: \_\_\_\_\_

\_\_\_\_\_  
Employer Address City/Town State and Zip Code

DETAIL 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 OF ALL PRIOR ADDRESSES FOR THE PAST THREE YEARS INCLUDING DATES \_\_\_\_\_

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HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_

IF SO WHAT WERE THE CHARGES/CIRCUMSTANCES \_\_\_\_\_

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HAVE YOU EVER HAD A RESTRAINING ORDER OR NO CONTACT ORDER ISSUED AGAINST YOU? \_\_\_\_\_

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

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HAVE YOU EVER BEEN UNDER GUARDIANSHIP OR CONFINED OR TREATED FOR MENTAL ILLNESS? \_\_\_\_\_

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

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HAVE YOU EVER PLEAD NOLO CONTENDERE TO ANY CHARGE OR VIOLATION? \_\_\_\_\_

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

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ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR? \_\_\_\_\_

IF SO, GIVE DETAILS AND DATES \_\_\_\_\_

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HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM THE ATTORNEY GENERAL OR ANOTHER CITY OR TOWN IN RHODE ISLAND? \_\_\_\_\_

IF SO, IDENTIFY AGENCY WHERE APPLICATION WAS FILED: \_\_\_\_\_

IF SO, IS PERMIT CURRENTLY: \_\_\_\_\_  
ACTIVE                  EXPIRED                  DENIED                  REVOKED

IF DENIED OR REVOKED EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER APPLIED FOR A PISTOL PERMIT TO CARRY A HANDGUN IN ANOTHER STATE? \_\_\_\_\_

IF SO, LIST CITY AND STATE \_\_\_\_\_

WERE YOU DENIED? \_\_\_\_\_

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

HAVE YOU EVER HAD A LEGAL NAME CHANGE? \_\_\_\_\_

IF YES, LIST ALL FORMER NAMES \_\_\_\_\_

LIST ANY NICKNAMES OR ALIASES \_\_\_\_\_

**APPLICANT:** ON A SEPARATE SHEET OF PAPER OR OFFICIAL LETTERHEAD, **TYPE** DETAILS ADDRESSING HOW YOU PLAN TO BE SAFE WITH YOUR WEAPON WHEN IN PUBLIC.

TWO (2) TYPES OF POSITIVE IDENTIFICATION MUST BE NOTARIZED AND SUBMITTED.  
EXAMPLES: Birth Certificate, Rhode Island or other State Drivers License, Rhode Island Identification Card, Passport, etc.

A PHOTOCOPY OF ANY TWO OF THE ABOVE MUST BE SIGNED AND DATED BY A NOTARY PUBLIC, ATTESTING AS BEING TRUE COPIES.

**NOTE: THE RHODE ISLAND COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY. ALL OTHERS MUST QUALIFY IN ACCORDANCE WITH R.I.G.L. 44-47-15.**

WEAPON QUALIFICATION SCORE: CALIBER OF WEAPON: \_\_\_\_\_

ARMY-L SCORE

RHODE ISLAND COMBAT SCORE

PRINT NAME OF N.R.A. INSTRUCTOR

SIGNATURE OF N.R.A. INSTRUCTOR

N.R.A. NUMBER

DATE OF QUALIFICATION

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I CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH THE PROVISIONS OF 11-47-1 TO 11-47-62, INCLUSIVE, OF THE GENERAL LAWS OF THE STATE OF RHODE ISLAND, 1956, AS AMENDED, AS WELL AS ALL FEDERAL STATUTES PERTAINING TO FIREARMS 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. THE CALIBER OF THE FIREARM THAT IS CARRIED MAY NOT EXCEED THE CALIBER LISTED ON THE PERMIT. ADDITIONALLY, I FURTHER UNDERSTAND THAT THIS PERMIT MAY BE REVOKED AT ANY TIME FOR JUST CAUSE. I UNDERSTAND THAT I MAY BE PROSECUTED FOR FALSIFYING ANY INFORMATION INCLUDED IN THIS APPLICATION.

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

BEFORE A NOTARY PUBLIC

SUBSCRIBED AND SWORN BEFORE ME IN \_\_\_\_\_, RHODE ISLAND,  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Notary Public (Name Printed)

MY COMMISSION EXPIRES ON \_\_\_\_\_  
Month Year State