



# MIDDLETOWN POLICE DEPARTMENT

123 Valley Road • Middletown, RI 02842-5237

Administrative (401) 846-1144  
Emergency (401) 846-1104  
Records (401) 849-3131  
Detectives (401) 846-0029  
Fax (401) 846-0175

William D. Kewer  
Chief of Police

## **Middletown Police Department Concealed Weapon Permit New and Renewal Applications must include the following to be processed:**

1. Completed Application
2. Letter of Reason
3. Two (2) Notarized Photocopies of Positive Identification
4. Three (3) Notarized Letters of Reference
5. Notarized Photocopies of All Active and Expired Permits
6. Weapon Qualification Score
7. Signed Release of Information Form
8. Completed Mental Health Physician Form

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Chief of Police

## Authorization for Release of Personal Information

I, \_\_\_\_\_, hereby give the Middletown Police Department the authority to conduct a comprehensive investigation of my background including, but not limited to, oral discussions with any person 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, law enforcement, public utility companies, state and federal agencies including but not limited to the Division of Taxation, the Internal Revenue Services, and any Health Care facility which dispenses care and treatment for social, mental, or emotional difficulties.

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 Middletown Police Department and anyone who gives written or oral information about me to the Middletown 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

Sworn to before me in the city/town of \_\_\_\_\_ in the State of \_\_\_\_\_  
on this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Print Name

Notary Stamp required

\_\_\_\_\_  
Commission Expires

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## APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

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

ADDRESS \_\_\_\_\_  
Number & Street Name City or Town State & Zip

TELEPHONE# (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)  
Home Business Cell

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
Number & Street Name City or Town State & Zip

JOB DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES?  Yes  NO  
IF YES 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 PREVIOUS ADDRESSES FOR THE LAST TEN (10) YEARS, INCLUDING DATES STARTING WITH THE MOST RECENT. (Attach a separate sheet of paper if necessary)

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

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HAVE YOU EVER BEEN ARRESTED?  Yes  No

IF YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN UNDER INVESTIGATION OR INVOLVED IN ANY TYPE OF CRIME?  Yes  No

IF YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR DOMESTIC VIOLENCE?  Yes  No

IF YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

HAVE EVER BEEN ISSUED A RESTRAINING OR PROTECTIVE ORDER?  Yes  No

IF YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN TREATED OR REFERRED FOR PSYCHOLOGICAL OR PSYCHIATRIC MENTAL HEALTH TREATMENT?  Yes  No

IF YES, PROVIDE DATES AND LOCATION OF SERVICES \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER HAD A LEGAL NAME CHANGE?  Yes  No

IF YES, LIST PREVIOUS NAMES \_\_\_\_\_

\_\_\_\_\_

LIST ANY NICKNAMES OR ALIAS USED BY YOU \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER APPLIED FOR A CONCEALED WEAPONS PERMIT IN THE PAST?  Yes  No

IF YES, CITY OR TOWN AND STATE \_\_\_\_\_

IF YES, CURRENT STATUS  ACTIVE  EXPIRED  DENIED  REVOKED

**If you hold an active or expired permit, enclose photocopy, notary-signed and dated, attesting copies are true**

**NOTE: APPLICANTS SHOULD BE AWARE THAT APPLICATIONS WILL TAKE SIX TO NINE MONTHS FOR A RESPONSE.**

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On a separate sheet of paper or letterhead, please provide details and specifics of the following:

1. Whether you have reason to fear an injury to your person or property; and/or
2. Whether you have any other proper reason for carrying a pistol or revolver.

TWO (2) TYPES OF POSITIVE IDENTIFICATION MUST BE SUBMITTED. EXAMPLES:

1. Birth Certificate
2. Rhode Island or State Driver's License
3. Rhode Island Identification Card

A PHOTOCOPY OF ANY TWO OF THE ABOVE SIGNED AND DATED BY A NOTARY PUBLIC ATTESTING AS BEING TRUE COPIES WILL BE ACCEPTED. PASSPORT OR OTHER POSITIVE IDENTIFICATION WILL ALSO BE ACCEPTED.

Three (3) References and three (3) reference letters are required for new and renewal applications. Each reference letter written on your behalf should discuss your character and/or your reason(s) for requesting a concealed carry permit. Each reference letter must be signed, dated, and notarized. Reference letters must be written by the reference, not the applicant, and cannot be identical. All three (3) reference letters must be included in the application package.

| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |
|------|------------------------|------------------------------|-------------|
|      |                        |                              |             |

| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |
|------|------------------------|------------------------------|-------------|
|      |                        |                              |             |

| Name | Address/City/State/Zip | home/cell/work phone numbers | Years Known |
|------|------------------------|------------------------------|-------------|
|      |                        |                              |             |

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

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

ARMY-L \_\_\_\_\_ SCORE \_\_\_\_\_ RI COMBAT \_\_\_\_\_ SCORE \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICERS** **DATE**

\_\_\_\_\_  
**PRINTED NAME & TELEPHONE # OF N.R.A. INSTRUCTOR OR POLICE RANGE OFFICER**

\_\_\_\_\_  
**N.R.A. NUMBER OR POLICE DEPARTMENT**

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Chief of Police

## Concealed Weapons Permit Release of Medical Information

I, \_\_\_\_\_, hereby authorize my primary care physician to complete the information below, so the Middletown Police Department may determine my suitability to be issued a concealed weapons permit.

\_\_\_\_\_  
(Signature)

-----  
I, \_\_\_\_\_, am the primary care physician for \_\_\_\_\_,  
(Print Physician's name) (Print patient's name)

and verify that I have / have not provided him/her with psychiatric or psychological treatment.  
(Circle One)

Additionally, I have / have not referred him/her to any other medical professional for psychiatric or  
(Circle One)  
psychological treatment.

\_\_\_\_\_  
(Physician's Signatures)

\_\_\_\_\_  
Date

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**AFFIDAVIT**

I CERTIFY THAT I HAVE READ AND I AM FAMILIAR WITH THE PROVISIONS OF 11-47-1 TO 11-47-55 INCLUSIVE, OF THE GENERAL LAWS OF RHODE ISLAND, 1956, AS AMENDED, AND THAT I AM AWARE OF THE PENALITIES FOR VIOLATIONS OF THE PROVISIONS OF THE CITED SECTIONS. I FURTHER UNDERSTAND THAT THE MIDDLETOWN POLICE DEPARTMENT MAY AT ANYTIME WITH JUST CAUSE REVOKE A CONCEALED WEAPONS PERMIT. THE CALIBER OF THE FIREARM THAT IS CARRIED MAY NOT EXCEED THE CALIBER LISTED ON THE PERMIT. ALL PERMITS WILL EXPIRE FOUR (4) YEARS FROM THE DATE OF ISSUE. THE RENEWAL OF A PERMIT IS THE OBLIGATION OF THE PERMIT HOLDER. IF GRANTED A CONCEALED WEAPONS PERMIT BY THE MIDDLETOWN POLICE DEPARTMENT, THE PERMIT BY STATE LAW IS RECOGNIZED BY THE STATE OF RHODE ISLAND. RECOGNITION OF THE PERMIT BY OTHER STATES IS DETERMINED BY THE JURISDICTION OF THAT STATE.

\_\_\_\_\_  
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 (Printed Name)

My commission expires \_\_\_\_\_

\*\*\*\*\*

Application has been      **APPROVED**    /    **DENIED**

\_\_\_\_\_  
**William D. Kewer, Chief of Police**

\_\_\_\_\_  
**Date**

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