

**Maria Rivera**  
Mayor



**Colonel Anthony J. Roberson**  
Chief of Police

*"A Nationally Accredited Agency"*  
**CENTRAL FALLS**  
**POLICE DEPARTMENT**  
160 ILLINOIS STREET  
CENTRAL FALLS, RI 02863  
Phone (401) 727-7411

Dear Applicant:

By applying to the Central Falls Police Department for a permit to carry a concealed pistol or revolver, you are exercising your right under Rhode Island General Law, § 11-47-11. It is this statute which gives the Central Falls Police Department the authority to administer this program in accordance with the law. 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 read the enclosed policy regarding the issuance of a pistol or revolver permit. It is intended to serve as a guide to aid applicants in understanding the authority and responsibility of the licensing authority, which in this instance is the Central Falls Police Department.

This application also contains information about Rhode Island General Laws that pertain to weapons, referred to as the Firearms Act. You *must* acknowledge that you are familiar with the provisions of the Firearms Act *before* you are granted a permit to carry a pistol or revolver. This application package does not include Federal Laws pertaining to firearms. Despite that, you are hereby informed that you must observe both Federal and Rhode Island laws. Federal law is respectively administered by Federal Agencies. For information relative to Federal regulations of firearms, you may contact the United States Bureau of Alcohol, Tobacco, and Firearms (ATF).

The application itself must be filled out completely and truthfully. It is a crime to knowingly offer false information to obtain a permit to carry a pistol or revolver. Please read the instructions carefully and note that both first-time and renewal applicants must supply all information being requested by the Central Falls Police Department at the time of application.

The submission of the application for a permit to carry a concealed pistol or revolver constitutes the commencement of a thorough process of review by the Central Falls Police Department. The process of review shall include a personal interview of the applicant, a criminal background check, an assessment of need, may include interviews of references, neighbors and employers, and will ultimately culminate with a written response informing the applicant whether their request was approved or denied. If your request is denied, you may opt to submit an application to the Rhode Island Department of Attorney General, which is similarly authorized by Rhode Island General Law, under § 11-47-18, to accept applications and issue permits/licenses to carry concealed pistol/revolver. Furthermore, you may appeal a denial of your application to the Rhode Island court(s).

If your application is approved, you shall be notified in writing with instructions to respond in person to the Central Falls Police Department in order to obtain the permit. Upon such issuance, please exercise your privilege to carry a concealed pistol or revolver in the State of Rhode Island responsibly, properly, and safely.

Sincerely,

A handwritten signature in cursive script, appearing to read "Anthony Roberson".

Colonel Anthony J. Roberson  
Chief of Police

# **PISTOL PERMIT POLICY**

## **INTRODUCTION**

Pursuant to Rhode Island General Laws Section 11-47-11, the Central Falls 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.

Pursuant to Rhode Island General Laws Section 11-47-15, the applicant must also qualify 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 Central Falls Police Department does not discriminate in the issuance of a pistol permit on 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 two types of positive identification. The Central Falls Police Department will take a photograph and fingerprints and will check the applicant's background with state, local, and Federal law enforcement databases. The Central Falls 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.

The Central Falls 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 Central Falls Police Department may conduct a personal interview to clarify information provided on the application.

**CRITERIA FOR ISSUING 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. A person must have a bona fide residence or place of business within the town and be 21 years of age or over;
2. or, Any person 21 years of age or over, having a bona fide residence within the United States and 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;
3. or, If it appears that the applicant who meets the criteria in #1 above, has good reason to fear an injury to his person or property;
4. or, Having met the criteria in #1 above, has any other proper reason to so be licensed.
5. A person prohibited from having a firearm by any state or federal law, or court order is not eligible to obtain a permit to carry a concealed weapon.

**RESPONSIBILITIES**

Approved holders should maintain, use, and store their firearm or firearms in a responsible manner. All permit holders are required to inform the Central Falls 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.

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**INSTRUCTIONS FOR LICENSE TO CARRY A CONCEALABLE 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 then notarized prior to its submission. Please **PRINT OR TYPE** application or ***IT WILL BE RETURNED.***
2. If the applicant is a resident of the City of Central Falls or owns a business in the City of Central Falls, the applicant must verify that status by providing a copy of a current utility bill or tax bill related to the Central Falls residence or business. If the applicant is not a resident of the City of Central Falls and does not own a business in the City of Central Falls, the applicant must provide a copy of a current utility bill or tax bill related to his/her current residence and a copy of a license or permit to carry a concealed weapon issued by any other state or subdivision of the United States.
3. A photograph will be taken by the Central Falls Police Department for upon payment of the processing fee and approval of the application for the purposes of issuance of the license to carry a concealable weapon.
4. Proof of the qualification before a certified weapons instructor; i.e., N.R.A. 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 be true copies. Three (3) original letters of reference **MUST** be submitted with this application. The letters must contain the **reference's signature** and be notarized by a **Notary Public**
6. If the permit is **not** for employment, a typed letter must be submitted by the applicant stating the reason for requesting the license to carry a concealed weapon. All letters must be signed and dated by a **Notary Public**. We will not accept a photocopy of any signature.
7. If the permit is to be used for employment, a **TYPED** letter from the applicant's employer on their letterhead must be included with the application.
8. All new pistol permits issued from this office must have a full set of applicant's fingerprints submitted on a **FBI FINGERPRINT APPLICANT CARD** [FD-258 (Rev. 12-29-82)]. An applicant for a permit must submit the completed application to the Central Falls Police Department. A **processing fee** of \$160.00 (**Non-Refundable**) for **new applications**, in accordance with City Ordinance Sec. 22-30, payable by check or money order to the City of Central Falls, shall be assessed for processing of the application and to allow the department to electronically file the fingerprints through the local, state, and federal law enforcement database systems. This fee is due upon submission of the application. Applicants must contact 401-727-7411 ext. 0 to make an appointment to have their prints taken.
9. According to RIGL §11-47-12, a permit fee of \$40 shall be charged and shall be paid for each license or permit issued. Every license or permit shall be valid for four (4) years from the date when issued unless sooner revoked. A check or money order payable to the *City of Central Falls* **must be presented when picking up the permit.** **THIS IS PAYABLE ONLY UPON APPROVAL AND ISSUANCE.** Allow for a maximum of 90 Days for processing.

**This application, fingerprint card, and photos become part of the records of the Central Falls Police Department.**

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

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

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

ADDRESS \_\_\_\_\_  
Street Name and Number (NO PO Boxes accepted) City or Town State & Zip

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

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

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

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

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

\_\_\_\_\_  
Employer's Address Street Name & Number City or Town State & Zip

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

**\*\* IF APPLYING AS A BUSINESS \*\***

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street Name and Number (NO PO Boxes accepted) City or Town State & Zip

(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 YEARS, INCLUDING DATES AND LOCATIONS:

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

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

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

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

HAVE YOU **EVER** BEEN TREATED FOR ADDICTION TO A CONTROLLED SUBSTANCE? \_\_\_\_\_

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

HAVE YOUR **EVER** BEEN CONVICTED OF A CRIME? \_\_\_\_\_

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

HAVE YOU **EVER** PLED NOLO CONTENDRE TO ANY CHARGE OR VIOLATION? \_\_\_\_\_

IF YES, GIVE DETAILS AND DATE \_\_\_\_\_

ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR? \_\_\_\_\_ IF YES, GIVE DETAILS AND DATES \_\_\_\_\_

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

IF YES, GIVE CITY OR TOWN \_\_\_\_\_ IF YES, IS IT CURRENTLY

ACTIVE? \_\_\_\_\_ EXPIRED? \_\_\_\_\_ DENIED? \_\_\_\_\_ REVOKED? \_\_\_\_\_

**(If you hold an expired permit, enclose a 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, STATE AND CITY \_\_\_\_\_

WERE YOU DENIED? \_\_\_\_\_ IF YES, GIVE DETAILS \_\_\_\_\_

ATTACH A PHOTOCOPY OF YOUR OUT-OF-STATE PERMIT OR LICENSE

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HAVE YOU **EVER** HAD A LEGAL NAME CHANGE? \_\_\_\_\_ IF YES, PLEASE STATE

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

**Please provide the following with this application:**

1. A photo copy of two types of positive identification must be submitted, signed and dated by a Notary Public attesting as being true copies. Examples: Birth Certificate, Rhode Island State Driver's License, Rhode Island Identification Card, Passport.
2. If the applicant is a resident of the City of Central Falls or owns a business in the City of Central Falls, the applicant must verify that status by providing a copy of a current utility bill or tax bill related to the Central Falls residence or business. If the applicant is not a resident of the City of Central Falls and does not own a business in the City of Central Falls, the applicant must provide a copy of a current utility bill or tax bill related to his/her current residence and a copy of a license or permit to carry a concealed weapon issued by any other state or subdivision of the United States.
3. **I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I UNDERSTAND THAT A FAILURE TO PROVIDE COMPLETE, TRUE AND CORRECT INFORMATION IN THIS APPLICATION IS CAUSE FOR DENIAL OF THIS APPLICATION AND MAY LEAD TO CRIMINAL PROSECUTION. I FURTHER UNDERSTAND THAT ANY ALTERATION OF ANY CONCEALED WEAPON PERMIT ISSUED BY THE CITY OF CENTRAL FALLS IS CAUSE FOR REVOCATION.**

**Three original letters of reference are required. Only signed and notarized letters will be accepted.**

_____ Name	_____ Address/City/State/ZIP	_____ Area Code/Tel. No.	_____ Years Known
_____ Name	_____ Address/City/State/ZIP	_____ Area Code/Tel. No.	_____ Years Known
_____ Name	_____ Address/City/State/ZIP	_____ Area Code/Tel. No.	_____ Years Known



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

WEAPONS QUALIFICATION SCORE: CAL. OF WEAPON \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF N.R.A INSTRUCTOR OR POLICE RANGE OFFICER

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

\_\_\_\_\_  
N.R.A. # OR POLICE DEPARTMENT NAME

\*\*\*\*\*

**AFFIDAVIT**

**I CERTIFY THAT I HAVE READ AND I AM FAMILIAR WITH THE PROVISIONS OF R.I. GEN. LAWS §§ 11-47-1 TO 11-47-63 AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATIONS OF THE PROVISIONS OF §§ 11-47-1 TO 11-47-63. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I UNDERSTAND THAT A FAILURE TO PROVIDE COMPLETE, TRUE AND CORRECT INFORMATION IN THIS APPLICATION IS CAUSE FOR DENIAL OF THIS APPLICATION AND MAY LEAD TO CRIMINAL PROSECUTION. I FURTHER UNDERSTAND THAT ANY ALTERATION OF ANY CONCEALED WEAPON PERMIT ISSUED BY THE CITY OF CENTRAL FALLS IS CAUSE FOR REVOCATION.**

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

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





**Central Falls Police Department**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Concealed Weapon Permit

I, \_\_\_\_\_, have made an application for a concealed weapon permit with the City of Central Falls, and it is my understanding that a comprehensive investigation of my background will be conducted in connection with my application. I understand that any history, which adversely reflects on my qualifications for a concealed weapon permit, may cause for disqualification from further consideration to receive a concealed weapon permit.

I hereby give the City of Central Falls and its agents, the authority to conduct a comprehensive investigation of my background including, but not limited to, oral interviews with any person concerning my background and a review with full disclosure of all records and other information, whether such records and other information are public, private, privileged or confidential. This review includes records maintained by past and present employers, law enforcement agencies, public utility companies and other local, state and federal agencies. This **Authorization for Release of Information; Concealed Weapon Permit form** is solely for the purpose of conducting an applicant background investigation for a concealed weapon permit.

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

I hereby release to the City of Central Falls and its agents and anyone who gives written or oral information about me to the City of Central Falls from any claims of liability or damages, which may occur as a result of the background investigation. This release also extends to my heirs, associates, assigns and representatives.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth



***All permits will expire **FOUR (4) YEARS** from the date of issue. The renewal of your permit is your obligation. You will not receive notice of permit expiration.***

**Please see our website ([www.centralfallspolice.com](http://www.centralfallspolice.com)) as well as follow us on Facebook and Twitter for updated information and notifications.**