

TOWN OF CANTON POLICE DEPARTMENT  
45 River Road, Canton CT 06019, 860-693-0221  
**STATE OF CT PISOL PERMIT APPLICATION REQUIREMENTS**

Temporary State Pistol Permit (TSPP) applications are available from the Canton Police Department (CPD) for town residents upon request. To process your request for a TSPP, the following items are required when turning in your completed application.

**DOCUMENTS:**

- Pistol Permit /Eligibility Certificate Application. Please do not sign the application until it has been notarized. All full time Dispatchers can provide the Notary service if needed.
- State and Federal fingerprinting\* Cost is \$10.00 (cash or check only).
- Connecticut Driver's License or Connecticut I.D. Card
- Original (or Certified copy) of Birth Certificate or Valid Passport
- Firearms Safety & Use Course Certificate attesting you have completed a course in the safety and use of pistol and revolvers signed by an NRA Certified Pistol Instructor or Police Firearms Instructor or a Gun Club Officer. (Most gun clubs and public ranges offer courses in hand gun safety)
- CPD Applicant Information form
- Signed Police Waiver of Confidentiality for your background check.
- Signed FBI Privacy Act Statement
- Signed Noncriminal Justice Applicant's Privacy Rights.
- Documents can be picked up at the CPD (any time/day) if you do not have a printer.

**\*IMPORTANT UPDATE REGARDING FINGERPRINTING:** As of 07/26/21, the State has converted to an on-line portal to register and pay\*\* for Permit. Please go to: [www.ct.flexcheck.us.idemia.io](http://www.ct.flexcheck.us.idemia.io). Follow the prompts and complete the pre-registration using **Service Code Number AE52-26CB.**

You will receive a PDF with an Applicant Tracking Number. You must bring this Application Tracking Number, along with other TSPP documents to Canton PD, when you come for fingerprinting appointment. **Appointments can be scheduled by calling the Dispatcher at 860-693-0221. Fingerprinting is scheduled on: Mondays from 2:00 pm to 4:00 pm and Wednesdays from 2:00 pm to 4:00 pm on a 15 minute basis.**

**\*\*At the time of pre-registration you will be required to pay a \$90.90 fee via credit or debit card. This fee is broken down as: State of CT background check \$75.00, FBI background check \$13.25 and a service fee to the State for \$2.65.**

Your fingerprints will be submitted to the Dept of Public Safety Identification Bureau and the FBI for a criminal records check. This process can take up to 4 weeks. Once background checks are completed you will be contacted to respond to the CPD for a review of permitting responsibilities. You will be contacted when your record check has been completed. When you have been approved for a temporary permit, you will pay \$70.00 to the Town of Canton, cash or check only. **Within 60 days you must apply for State Permit at a Dept. of Public Safety processing location. If you fail to apply for the State of CT permanent permit within 60 days of receipt of your temporary permit, you will forfeit any payments you have made and must begin the process over again.** <https://portal.ct.gov/DESPP/Division-of-State-Police/Special-Licensing-and-Firearms/State-Pistol-Permit>



STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE



Special Licensing and Firearms Unit

**PISTOL PERMIT/ELIGIBILITY CERTIFICATE APPLICATION**

*(Pursuant to C.G.S. §§ 29-28 et. seq., 29-36 et. seq., and 53a-217 et. seq.)*

*Before completing this application, it is suggested that you review the Connecticut General Statutes pertaining to firearms. These can be accessed on the Internet at [www.cga.ct.gov](http://www.cga.ct.gov), or through your local library.*

**Type of Permit Requested:**

Check Box:

- ☐ 60 Day Temporary State Pistol Permit  
☐ Non-Resident State Pistol Permit  
☐ Eligibility Certificate to Purchase Pistols or Revolvers  
☐ Eligibility Certificate to Purchase Long Guns

**Instructions:**

Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:
<p>1. Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first select person, as applicable) along with all of the following:</p> <ul style="list-style-type: none"><li>Firearms Safety &amp; Use Course Certificate;</li><li>\$70.00 fee, payable to the local authority; and</li><li>Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.).</li></ul> <p>2. Fingerprints are required to process this application. Please contact your local law enforcement agency for further direction on the process for obtaining fingerprints.</p> <p>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</p> <p>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</p> <ul style="list-style-type: none"><li>The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority;</li><li>A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C);</li><li>\$70.00 fee, payable to <b>Treasurer, State of Connecticut</b>;</li><li>Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and</li><li>Proof of valid state issued photo identification card.</li></ul> <p>5. Upon approval, <i>your photograph will be taken at DESPP and you will be issued a state pistol permit.</i></p>	<p><b>**CALL DESPP FOR PACKET**</b> <i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i></p>	<p><b>**CALL DESPP FOR PACKET**</b> <i>You must be 21 years of age to obtain a Pistol Eligibility Certificate. You must be 18 years of age to obtain a Long Gun Eligibility Certificate.</i></p>

**For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access [www.ct.gov/despp](http://www.ct.gov/despp) and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290. Note: All payments must be made with separate checks.**

**STATE OF CONNECTICUT  
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DIVISION OF STATE POLICE**

**Contact / Identifying Information:**

**Name of Applicant**

\_\_\_\_\_, \_\_\_\_\_.  
Last Suffix

\_\_\_\_\_.  
First Middle Initial

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

**Provide all other names by which you have been known** (Maiden name, Aliases, Nicknames, etc.)

(Attach additional sheet(s), if necessary)

**Date of Birth**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

**Sex**

☐ F ☐ M  
☐ Unknown/Non-binary

**Height**

\_\_\_\_ Ft. \_\_\_\_ In.

**Weight**

\_\_\_\_ Lbs.

**Eye Color**

☐ Brown ☐ Blue ☐ Black  
☐ Green ☐ Gray ☐ Hazel

**Race**

☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander  
☐ Black ☐ Unknown/Other

**Hair Color**

☐ Brown ☐ Black ☐ Blonde ☐ Red  
☐ Gray ☐ White ☐ Bald

**Place of Birth**

\_\_\_\_\_, \_\_\_\_\_.  
City/Town State

**Social Security Number (Optional, but will help prevent misidentification)**

\_\_\_\_-\_\_\_\_-\_\_\_\_

**Country of Citizenship**

\_\_\_\_\_

**Alien Reg. Number (If applicable)**

\_\_\_\_\_

**Residential Address** (List street address. Post office box numbers are not acceptable)

\_\_\_\_\_  
Number/Street

\_\_\_\_\_, \_\_\_\_\_.  
City/Town State Zip Code

**List Residential Addresses for the Last 7 Years** (Attach additional sheet(s), if necessary)

*\*Any subsequent changes of address must be reported within 48 hours to the Special Licensing and Firearms Unit*

1. \_\_\_\_\_
2. \_\_\_\_\_

**Mailing Address** (If different from current residential address above)

\_\_\_\_\_  
Number/Street

\_\_\_\_\_, \_\_\_\_\_.  
City/Town State Zip Code

**Home Telephone Number**

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Area Code

**Motor Vehicle Operator's License Number**

\_\_\_\_\_

\_\_\_\_  
State of Issue

**Alternate Telephone Number**

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Area Code

**Email Address**

\_\_\_\_\_

**Employment History:**

**List Employers for the Last 7 Years** (Provide employer's name, address and telephone number)

(Attach additional sheet(s), if necessary)

1. \_\_\_\_\_
2. \_\_\_\_\_

**Permit or Eligibility Certificate History:**

**Have you had a firearms permit, permit application or eligibility certificate of any kind from ANY jurisdiction in the United States denied, suspended or revoked?** ☐ NO ☐ YES

If "YES," provide:

1. Identify the jurisdiction which issued the denial, suspension or revocation: \_\_\_\_\_
2. Date of denial, suspension or revocation: \_\_\_\_\_
3. The reason for the denial, suspension, or revocation: \_\_\_\_\_

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**Medical History:**

**Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court?**

☐NO ☐YES If "YES," explain: (Attach additional sheet(s), if necessary)

**Have you been discharged from custody within the past twenty years after having been found not guilty of a crime by reason of a mental disease or defect?** ☐NO ☐YES

If "YES," explain: (Attach additional sheet(s), if necessary)

**Have you been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence?** ☐NO ☐YES

If "YES," explain: (Attach additional sheet(s), if necessary)

**Notice:** DESPP herein notifies the applicant that, pursuant to C.G.S. §§ 29-28 through 29-38b, DESPP will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined to a hospital for psychiatric disabilities within the preceding sixty (60) months by order of Probate Court, or if the applicant has been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence.

**Criminal History:**

**Have you ever been ARRESTED for any crime, in any jurisdiction?** ☐NO ☐YES If "YES," list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary)

**Notice:** You are *not* required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to C.G.S. §§46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46b-146), an adjudication as a youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon (C.G.S. 54-142a).

*With regard to criminal history information arising from jurisdictions other than the State of Connecticut:* You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.

**Have you ever been CONVICTED under the laws of this state, federal law or the laws of another jurisdiction?**

☐NO ☐YES If "YES," list all convictions, include charges, location, date of arrest, and disposition. (Attach additional sheet(s), if necessary)

**Are you currently on probation, parole, work release, in an alcohol and/or drug treatment program or other pre-trial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case?** ☐NO ☐YES If "YES," explain. (Attach additional sheet(s), if necessary)

**Within the past five (5) years, have you been the subject of a Protective Order or Restraining Order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person, regardless of the outcome or result of any related criminal case?** ☐NO ☐YES

If "YES," which court issued the order?

**Military History:**

**Were you ever a member of the Armed Forces of the United States?** ☐NO ☐YES (If yes, please include a copy of your DD-214)

**Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge?** ☐NO ☐YES

**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
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**Proof of Training:**

*\*Attach a copy of the letter or certificate attesting that you have completed a course in the safety and use of pistols and revolvers or long guns (as appropriate, depending upon which permit or certificate you are requesting), signed by the instructor of the course.*

**Instructor:** (Check applicable box)

- ☐ **National Rifle Association**  
☐ **Department of Energy and Environmental Protection (DEEP)**  
☐ **Other:** \_\_\_\_\_

**State Instructor's Name and ID Number:** \_\_\_\_\_

**Declaration:**

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See CGS § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application:

I declare, under the penalties of false statement, that the answers to the above are true and correct.

Date \_\_\_\_\_

Signed \_\_\_\_\_

STATE OF \_\_\_\_\_

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

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Name:  
Notary Public  
My Commission Expires:  
Commissioner of Superior Court

**NOTICE: Appeal Process for Permits**

In the event that your application for pistol permit or eligibility certificate is denied or revoked, you may notify the Board of Firearm Permit Examiners, at 20 Trinity St., 5<sup>th</sup> Floor, Hartford, CT 06106. Telephone: (860)256-2977 OR (860) 256-2947, in writing, within ninety (90) days, in order to begin your appeal process. At a hearing before the Board, you may request that your application be reconsidered or that your permit or eligibility certificate be reinstated.

**For Official Use Only:**

**Application Received:**

□□/□□/□□□□  
Month/Day/Year

FBI Sent: ☐ No ☐ Yes  
FBI Reply: ☐ No ☐ Yes  
ICE Response: ☐ No ☐ Yes  
DMHAS: ☐ No ☐ Yes  
SPBI: ☐ No ☐ Yes  
Number : \_\_\_\_\_

**Application Status:**

☐ Approved ☐ Denied

\_\_\_\_\_  
(Signature and title of issuing authority)

# FBI Privacy Act Statement

*This privacy act statement is located on the back of the **FD-258 fingerprint card**.*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Agency Privacy Requirements for Noncriminal Justice Applicants

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

If you need additional information or assistance, contact:

<b>Connecticut Records:</b> <b>Department of Emergency Services and Public Protection</b> <b>State Police Bureau of Identification (SPBI)</b> <b>1111 Country Club Road</b> <b>Middletown, CT 06457</b> <b>860-685-8480</b>	<b>Out-of-State Records:</b> <b>Agency of Record</b> <b>OR</b> <b>FBI CJIS Division-Summary Request</b> <b>1000 Custer Hollow Road</b> <b>Clarksburg, West Virginia 26306</b>
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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a (b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

## Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.**<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If you need additional information or assistance, please contact:

<b>Connecticut Records:</b> <b>Department of Emergency Services and Public Protection</b> <b>State Police Bureau of Identification (SPBI)</b> <b>1111 Country Club Road</b> <b>Middletown, CT 06457</b> <b>860-685-8480</b>	<b>Out-of-State Records:</b> <b>Agency of Record</b> <b>OR</b> <b>FBI CJIS Division-Summary Request</b> <b>1000 Custer Hollow Road</b> <b>Clarksburg, West Virginia 26306</b>
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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



# CANTON POLICE DEPARTMENT

## TEMPORARY PISTOL PERMIT APPLICANT INFORMATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last MM/DD/Year

Residence \_\_\_\_\_  
No. Street Town State/Zip

Mailing  
Address \_\_\_\_\_  
No. Street Town State/Zip

Place of Birth \_\_\_\_\_  
City / State / Country

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name/Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PLEASE PRINT**



# CANTON POLICE DEPARTMENT

45 RIVER ROAD  
CANTON, CONNECTICUT 06019  
860-693-0221



CHRISTOPHER ARCIERO,  
CHIEF OF POLICE

ANDREW SCHIFFER  
CAPTAIN

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## Waiver of Confidentiality

I hereby waive the privilege of confidentiality to which I may otherwise be entitled, and authorize the release of those records about or concerning me as may be in the possession of others. These records are needed as a condition of my application for a permit to carry pistols and revolvers/dangerous weapons and /or will assist in determining my suitability for obtaining same in Town of Canton.

The records, the release of which I hereby authorize, shall include but are not limited to any medical health records, arrests, conviction and fingerprint records.

I hereby agree that copies of all such records requested may be released to the Canton Police Department for purposes of my pistol/dangerous weapons permit application.

I further agree to hold harmless the Town of Canton from any and all claims under state or federal law arising out of the utilization or information obtained as a result of this release in its determination of my suitability to obtain a pistol permit.

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Signature of Applicant

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Printed Name of Applicant

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Date