CITY OF EAST PROVIDENCE

DEPARTMENT OF POLICE

750 WATERMAN AVENUE
EAST PROVIDENCE, RI 02914
(401)-435-7600

MAYOR ROBERTO DASILVA

CHIEF MICHAEL J. RAPOZA

RENEWAL APPLICATION FOR LICENSE TO CARRY A CONCEALED WEAPON

☐ **FILL OUT THE RENEWAL APPLICATION AND SUPPLY THE FOLLOWING DOCUMENTS (ALL PAGES MUST BE NOTARIZED):**

☐ **FOR RESIDENTS:** A COPY OF YOUR LICENSE ALONG WITH PROOF OF RESIDENCY IN THE FORM OF TAX OR UTILITY BILL.

☐ **FOR EMPLOYMENT:** A COPY OF YOUR LICENSE AND A NEW TYPED LETTER OF EXPLANATION ON EMPLOYER'S LETTER HEAD

☐ **NON-RESIDENT APPLICANTS:** MUST INCLUDE A COPY OF THEIR LICENSE AND OF THEIR HOME STATE CCW PERMIT.

A NEW PHOTO AND FINGERPRINT CARD ARE REQUIRED AND WILL BE OBTAINED THROUGH APPOINTMENT WITH EPPD BCI UNIT

A FEE OF $200 SHALL BE CHARGED (RI GL 11-47-12 FEE OF $40 PLUS A $160 ADMINISTRATIVE FEE)

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Renewal Application For License To Carry A Concealed Weapon

DATE: _____ **PERMIT NUMBER:** _____

NAME:

- **FIRST:** _____ **MIDDLE:** _____ **LAST:** _____

ADDRESS: _____

PHONE:

- **HOME:** _____ **BUSINESS:** _____ **CELL:** _____

SOCIAL SECURITY NUMBER: _____ **OCCUPATION:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

HEIGHT: _____ **WEIGHT:** _____ **EYE COLOR:** _____ **HAIR COLOR:** _____

HAVE YOU EVER BEEN ARRESTED (regardless of outcome) IN THE LAST 5 YEARS?
_____

(IF YES PLEASE PROVIDE DETAILS ON A SEPARATE TYPED SHEET OF PAPER)

IF APPLYING AS A BUSINESS:

BUSINESS NAME: _____

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

JOB DESCRIPTION: _____

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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 CRANSTON IS CAUSE FOR REVOCATION.

_____

Applicant 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