PISTOL PERMIT RENEWAL

State of Connecticut
Department of Emergency Services and Public Protection
1111 Country Club Road
Middletown, Connecticut 06457-2389
DPS-129-C (Rev. 08/04/2022)
Attention: Special Licensing & Firearms Unit

FORM MUST BE ACCOMPANIED BY:

1. **Proof of legal and lawful presence in the United States: Copy of U.S. Passport, Birth Certificate, or U.S. Citizenship and Immigration Services issued permanent residence identification/documentation. *DO NOT SEND ORIGINALS***
2. **$70.00 Fee (Check or money order payable to "Treasurer, State of Connecticut"). DO NOT SEND CASH.**
3. **Full face passport style photo (with a solid color background) attached below.**

NAME:
ADDRESS:
CITY, STATE, ZIP

Place of Birth:
Country of Citizenship:
Telephone:
E-mail Address:

Alien Registration Number: [if applicable]
Date of Expiration: [if AR # has exp date]

Please check the information below:

PERMIT ID NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

EYE COLOR: **HEIGHT:** **FT** **IN**

WEIGHT: **LBS** **SEX:** **RACE:**

A= ASIAN/PACIFIC ISLANDER
B= BLACK/AFRICAN AMERICAN
I= AMERICAN INDIAN/ALASKAN NATIVE
W= WHITE
U= UNKNOWN

ATTACH IN THIS SQUARE A PASSPORT SIZE PHOTO (2" X 2") OF YOU THAT WAS TAKEN WITHIN THE PAST 6 MONTHS

Current Permit Valid:
From **Through**

Please sign within the box to confirm you read the information below

By affixing my signature to this form, 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 C.G.S. § 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. I am also acknowledging that the attached photograph was taken of me within the preceding six (6) months.