



DEPARTMENT OF EMERGENCY SERVICES
AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Special Licensing and Firearms Unit
1111 Country Club Road
Middletown, CT 06457
Tel. (860) 685-8285 Fax (860) 685-8644



**DENIAL OF TEMPORARY STATE PERMIT
OR
REVOCAION REQUEST of STATE PERMIT**

APPLICANT'S NAME:	_____
DATE OF BIRTH:	_____
ADDRESS:	_____
PHONE NUMBER:	_____

PLEASE INDICATE WHICH ACTION IS BEING TAKEN:

Denial* Revocation Request

*Date of written notification to applicant of permit denial ____/____/____

<input type="checkbox"/>	Incomplete Information - omission of arrests and/or convictions
<input type="checkbox"/>	Insufficient Funds - bad check
<input type="checkbox"/>	Felony Conviction
<input type="checkbox"/>	Suitability - attach supporting documentation
<input type="checkbox"/>	Misdemeanor Disqualifying Conviction
<input type="checkbox"/>	Family Violence Conviction
<input type="checkbox"/>	Protective Order - attach supporting documentation
<input type="checkbox"/>	Restraining Order - attach supporting documentation
<input type="checkbox"/>	Other Court Order - attach supporting documentation
<input type="checkbox"/>	Firearm Seizure Warrant - attach copy of signed search warrant
<input type="checkbox"/>	Other - attach supporting documentation
Comments:	

TOWN SUBMITTING INFORMATION: _____

CONTACT PERSON : _____
(for Firearm Review Board Hearing - if appealed)

PHONE NUMBER: _____

FAX NUMBER: _____

PLEASE TYPE OR WRITE LEGIBLY