APPLICATION TO I	PURCHASE A FIR	EARM – c	G.S. §§ 29	-33 AND 29-37a					
WEAPON TYPE:   HANDGUN LONG GUN OTHER SALE AUTHORIZATION  Name: (Last, First, Middle)						NUMBER(S)			
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Address: Include number	, street, town, state and zi	p (Post Office	e boxes not	accepted)					
Sex:	Race:	Height:		Weight:	E	Eye Color: Hair		lor:	
Social Security Number: (optional)  Country of			f Citizenship: (required)		10	ICE Number: (if applicable)			
Pistol Permit Number/Eligibility Certificate Number: (required)					E	Expiration Date:			
Police Identification Number:				Agency Name:					
Driver's License Number: (required)			State:			Expiration Date: (MM/DD/YYYY)			
a. Have you been convic	ted of a felony?		<u> </u>			<u> </u>		☐Yes ☐No	
b. Have you ever been convicted of a misdemeanor crime of domestic/family violence?								□Yes □No	
c. Are you the subject of be heard has been pro against another person	ovided to you, in a case							□Yes □No	
d. Have you ever been confined to a hospital for persons with psychiatric disability (C.G.S. § 17a-495) within the preceding sixty (60) mby order of a Probate Court?								√ (60) months <b>Yes No</b>	
e. Have you been voluntarily admitted to a hospital for persons with psychiatric disabilities, within the preceding six (6) months for reasons other than solely for alcohol or drug dependence?								or □Yes □No	
f. Have you been discharged from custody within the preceding twenty (20) years after having been found <b>not guilty of a crime by reason of mental disease or defect</b> pursuant to Connecticut General Statutes Section 53a-13?								□Yes □No	
g. Are you the subject of a court issued risk warrant to seize firearms pursuant to C.G.S. § 29-38c(d)?								□Yes □No	
h. Have you ever had an application to purchase a firearm denied in any other State?								□Yes □No	
If so, Where	When?			Reason for denial?					
<ul> <li>i. Have you ever been convicted of any of the following misdemeanors?</li> <li>If yes, check all that apply.</li> </ul>								□Yes □No	
☐ Illegal possession of controlled or hallucinogenic substances (C.C.C.C.S. § 53a-58) ☐ Assault in the 3 <sup>rd</sup> (C.G.S. § 53a-61) ☐ Assault of a victim 60 or older in the 3 <sup>rd</sup> (C.G.S. § 53a-61a) ☐ Threatening 2 <sup>nd</sup> (C.G.S. § 53a-62) ☐ Reckless endangerment 1 <sup>st</sup> (C.G.S. § 53a-63)				S. § 21a-279(c))	1a-279(c))  Unlawful restraint 2 <sup>nd</sup> (C.G.S. § 53a-96)  Riot 1 <sup>st</sup> (C.G.S. § 53a-175)  Riot 2 <sup>nd</sup> (C.G.S. § 53a-176)  Inciting to riot (C.G.S. § 53a-178)  Stalking 2 <sup>nd</sup> (C.G.S. § 53a-181d)				
Information provided on this application is subject to verification from sources including probate, civil, and criminal courts as well as governmental agencies pursuant to State and Federal Law, e.g., P.A. 13-3 as amended by P.A. 13-220, P.A. 98-129, and 18 U.S.C. 922, as may be amended.									
I CERTIFY THAT THE ABO IS A VIOLATION OF CONN CASES, A CLASS B FELO	NECTICUT GENERAL ST								
SIGNA I UNDERSTAND THAT A P APPLICANT'S ANSWERIN CHECK.									
SIGNATURE OF SAL	ESPERSON		DEALER	R NAME, IF APPLIC	ABLE		DATE		
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