

Appeal Letter

Date:

Board of Firearms Permit Examiners
165 Capitol Ave., Suite 1070
Hartford, CT 06106
Email: bfpe@ct.gov

Dear Board Members,
I would like to appeal the **revocation** ____ / **denial** ____ of my pistol permit.
(Please check one)

My permit was **revoked / denied** on _____ (date on top of letter received)

Signature:

Print your name:

Address: (street, town, state, zip)

Date of Birth: ____/____/____

Contact Number: (____) _____-_____

Email address: _____

If you have a copy of the letter of denial or revocation sent to you by the police, please send a copy along with this letter.



OFFICE OF GOVERNMENTAL ACCOUNTABILITY
Board of Firearms Permit Examiners

165 Capitol Ave, Suite 1070

Hartford, Connecticut 06106

Email: bfpe@ct.gov

CASE # _____

APPELLANT QUESTIONNAIRE

1. NAME

(Check one) Mr. Mrs. Ms.

(First) (Middle Initial) (Last)

2. HOME ADDRESS:

(No. & Street) (City or Town) (State) (Zip Code)

3. Mailing Address if different from home address or the address of your attorney, if you have one.

(No. & Street) (City or Town) (State) (Zip Code)

4. Are you represented by an attorney? _____ If yes, Attorney name _____

5. How long have you lived at above address? _____

6. Contact number/Email where you can be reached or a message left by the Board office:

Home (_____) _____ Work (_____) _____

Cell (_____) _____ E-Mail _____

7. Date of BIRTH (mm/dd/yyyy): _____

8. Are you a U.S. citizen? _____ If naturalized: When _____ Where _____

9. Employer Name _____

Address: _____

(No. & Street) (City or Town) (State) (Zip Code)

10. Have you ever held a permit or license to carry a pistol or revolver? _____ (Yes/No)

If "Yes" When _____ Where _____

(Mo.) (Yr.) (State)

11. Have you ever filed an appeal with the Board prior to this appeal? _____ If so what was the result?

CASE # _____

NAME (first, last) _____

If you are appealing a permit REVOCATION, you may skip Questions 12, 13 & 14

12. Where did you apply for the permit you are now seeking?

(Borough, Town,) (State)

13. What was the date you applied?

14. Give Name of the Police Department or First Selectman to whom you gave your application:

15. Give Name of the Police Department or First Selectman who revoked /denied or failed to issue a permit:

16. State the reason (s) given to you for revocation, /denial or the failure to issue a permit:

17. What is the date that you were notified of the denial or revocation:

(Month) (Day) (Year)

18. How did you learn of the denial or revocation (Check One):

In Writing _____ Phone call _____ Other _____

If "Other", state how: _____

19. State here any additional facts which would support your case. State what you want the Board to do and why do you feel the Board should grant your request:

Upon the completion, this Questionnaire and any additional papers should be mailed **immediately** to:

BOARD OF FIREARMS PERMIT EXAMINERS

165 Capitol Ave, Suite 1070
Hartford, Connecticut 06106

Your signature: _____ Date _____

OFFICE OF GOVERNMENTAL ACCOUNTABILITY
**BOARD OF FIREARMS PERMIT
EXAMINERS**

165 Capitol Ave, Suite 1070
Hartford, Connecticut 06106

1.86.256.2947

1.860.256.2947 Email: bfpe@ct.gov

CASE # «Case_»

NAME «First_Name» «Last_Name»

PLEASE LIST ALL CRIMINAL MATTERS IN WHICH YOU WERE CONVICTED OR PLED GUILTY

(In or out of this state)

CHARGE	DISPOSITION	DATE	TOWN & STATE
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MOTOR VEHICLE DRIVING HISTORY

(In or out of this state)

CHARGE	DISPOSITION	DATE	TOWN & STATE
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The foregoing information is full and complete. I understand that Section 29-29 of the Connecticut General Statutes, as amended, provides that no permit shall be issued unless full information concerning my criminal record (if any) has been given to the issuing authority.

Signature of Applicant

Date

Click Here To Email Form to
BFPE

If this link does not work please print, scan and **email to: bfpe@ct.gov**