

Form to Appeal Due to the Delay

Date _____

Board of Firearms Permit Examiners
165 Capitol Ave., Suite 1070
Hartford, CT 06106

Dear Board Members:

My name is _____ and I currently have an application for a 60 Day Temporary Permit to Carry Pistols and Revolvers pending with _____.

I made proper application for a Temporary State Permit to Carry Pistols or Revolvers to the _____

_____ on (Date _____).

Eight weeks has past, and I have not been provided with the required approval or denial of my Temporary Sixty Day Permit to Carry Pistols and Revolvers in accordance with the law C.G.S. 29-28a (b).

I have made a good faith effort to contact the local Issuing Authority (police or first selectmen's office) for a response for the delay.

Additionally, I have not been provided with a reasonable reason for the delay in making a decision on my application.

If the local Issuing Authority, _____, approves my application I will notify the Board, 860-256-2977, immediately.

Sincerely,

Signature _____

Name printed _____

Street _____

Town _____ State _____ Zip _____

Date of Birth _____

Email address _____

Telephone Number_(____)_____

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 where 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
1.860.256.2977

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

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BFPE