



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE**



ASSAULT WEAPON CERTIFICATE APPLICATION

Certificate Number: _____

Instructions:

1. Type or print all information in all sections. (Must be legible or it will be returned.)
2. Submit proof that you purchased this weapon on or prior to June 7, 2023 in the form of a valid sales receipt and/or a DPS-3, or sworn affidavit that the specified assault weapon was purchased in compliance with state and federal laws.

Note: Thumbprint is required for application to be processed.

| | | | | | |
|--|-----------|-------------------------|---|--------------------------|-----------------------|
| Applicant's Name: (Last, First, Middle) | | | Pistol Permit/Eligibility Number (if applicable): | | |
| Address: (Number, Street, City or Town, State, Zip Code) NO P.O. Boxes | | | | | |
| Date of Birth: | | Social Security Number: | | Home Telephone Number: | |
| Sex: | | Height: | | Operator License Number: | |
| Manufacturer: | Importer: | Serial Number: | | Model: | Caliber: |
| | | | | | Unique I.D./Markings: |
| <div style="border: 2px solid black; width: 200px; height: 150px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Applicant's Right Thumbprint</p> </div> | | | | | |
| <p>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. My signature below attests to the accuracy, completeness and truth of all information supplied on this application:</p> | | | | | |
| Applicant Signature: _____ | | | | Date: _____ | |

CERTIFICATE OF POSSESSION OF ASSAULT WEAPON

Certificate Number: _____

| | | | | | |
|---|--|-------------------------|---|----------------------------|---|
| Owner's name: (Last, First, Middle) | | | Pistol Permit/Eligibility Number (if applicable): | | |
| Address: (Number, Street, City or Town, State, Zip Code) NO P.O. Boxes | | | | | |
| Date of Birth: | | Social Security Number: | | Operator's License Number: | |
| Manufacturer: | | Importer: | | Serial Number: | |
| | | | | Model: | Caliber: |
| | | | | | Unique I.D./Markings: |
| <p>_____ Signature of Owner</p> | | | | | <div style="border: 2px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Applicant's Right Thumbprint</p> </div> |