



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



Special Licensing and Firearms Unit
(Pursuant to P.A. 13-3 and P.A. 13-220)

Official Use Only
Certificate Number: A _____

Application for Ammunition Certificate

1. Please type or print legibly (Illegible applications will be returned).
2. When you appear to have your photograph and signature captured, submit a \$35.00 fee, payable by check or money order, to "Treasurer, State of Connecticut" or exact cash payment, with the completed application, to the Special Licensing and Firearms Unit located at 1111 Country Club Road, Middletown, Connecticut 06457-2389.

Name: (Last, First, Middle Initial)			
Address: (Number, Street, City/Town and Zip Code)			
Date of Birth:	Sex:	Race:	Social Security Number <i>(Optional, but will help prevent misidentification)</i> :
Motor Vehicle Operator's License Number:		Issuing State:	
Height:		Weight:	
Have you been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a misdemeanor crime of domestic/family violence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any of the following misdemeanors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, check all that apply.			
<input type="checkbox"/> Illegal Possession of controlled or hallucinogenic substances (C.G.S. § 21a-279(c))			
<input type="checkbox"/> Assault of an elderly, blind, disabled or pregnant person or a person with intellectual disability in the 3 rd (C.G.S. § 53a-61a)			
<input type="checkbox"/> Criminally negligent homicide (C.G.S. § 53a-58)	<input type="checkbox"/> Unlawful restraint 2 nd (C.G.S. § 53a-96)		
<input type="checkbox"/> Assault in the 3 rd (C.G.S. § 53a-61)	<input type="checkbox"/> Riot 1 st (C.G.S. § 53a-175)		
<input type="checkbox"/> Threatening 2 nd (C.G.S. § 53a-62)	<input type="checkbox"/> Riot 2 nd (C.G.S. § 53a-176)		
<input type="checkbox"/> Reckless endangerment 1 st (C.G.S. § 53a-63)	<input type="checkbox"/> Inciting to riot (C.G.S. § 53a-178)		
<input type="checkbox"/> Stalking 2 nd (C.G.S. § 53a-181d)			
Have you been discharged from custody within the preceding twenty (20) years after having been found not guilty of a crime by reason of mental disease or defect pursuant to C.G.S. § 53a-13?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been confined in a hospital for a persons with psychiatric disabilities within the preceding sixty (60) months by order of a Probate Court?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Are you the subject of an active restraining or protective order issued by a court, after notice and an opportunity to be heard has been provided to you, in a case involving the use, attempted use or threatened use of physical force against another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the subject of a court issued risk warrant to seize firearms pursuant to C.G.S § 29-38c(d)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prohibited from shipping, transporting or receiving a firearm pursuant to 18 USC 922(g)(4)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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). **Violation of Section 53a-157b constitutes a Class A Misdemeanor.** 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 to the truth of all information supplied on this application:

I declare, under the penalties of false statement, that the answers to the above are true and correct.

SIGNED: _____ Dated: _____

Appendix A, Large Capacity Magazine(s) Declaration Form, DESPP-788-C, is available at ct.gov/despp, or may be obtained at the Department of Emergency Services and Public Protection, Special Licensing and Firearms Unit.

For Official Use Only:

Date of in-state criminal history check: _____

Certificate Number: A _____

Processed by: _____

Date: _____

Visit the department's website at ct.gov/despp