



OFFICE OF GOVERNMENTAL ACCOUNTABILITY  
**Board of Firearms Permit Examiners**

20 Trinity Street, 5<sup>th</sup> Floor  
Hartford, Connecticut 06106

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. Telephone number 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**  
20 Trinity Street, 5<sup>th</sup> floor  
Hartford, Connecticut 06106

Your signature: \_\_\_\_\_ Date \_\_\_\_\_

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

20 Trinity Street, 5<sup>th</sup> floor  
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
--------	-------------	------	--------------

**MOTOR VEHICLE DRIVING HISTORY**

(In or out of this state)

CHARGE	DISPOSITION	DATE	TOWN & STATE
--------	-------------	------	--------------

*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