

Board of Firearms Permit Examiners

20 Trinity Street, 5th Floor
Hartford, Connecticut 06106
860-256-2977 office 860-256-2997 fax

ISSUING AUTHORITY QUESTIONNAIRE

To be completed by the State Issuing Authority
The Commissioner of the Dept. of Emergency Services and Public Protection
or the local Issuing Authority
Chief of Police or First Selectman

To be mailed to the appellant, for information only, at least 10 days prior to the hearing in connection with an appeal to be considered by the Board pursuant to the provisions of Section 29-32b(c) of the General Statutes of Connecticut, as amended*

NOTE: If the appeal relates to a Revocation rather than to a non-issuance, you may omit responses to questions 1, 2, 3, 5, 6, and 7 on the Questionnaire. However, please be sure to inform us fully as to the reasons for the Revocation of the Appellant's permit.

APPELLANT NAME:

DOB:

1. Date appellant requested permit under Section 29-28 or 53-206?

2. What form of application did you require of the appellant?

3. What investigation of the appellant's suitability did you conduct?

4. What criminal record does the appellant have?

5. Were fingerprints sent to:

(a) The FBI When (Date)

(b) The State Police When (Date)

6. Has the FBI reported a criminal record on the appellant?

7. Has the State Police reported a criminal record on the appellant?

8. State the reasons (a) for your refusal or failure to furnish the appellant with an application, or (b) for your refusal or failure to issue the requested permit to the appellant, or (c) for your revocation of the appellant's permit, as the case may be (be specific - a mere recitation that the appellant is not a suitable person is insufficient.)

9. State here any other information or knowledge you have which you feel should be considered by the Board at the hearing; for example, if you know anything about the appellant which, in your opinion, would be a just and proper cause to deny a permit to the appellant, explain, clearly and concisely, the nature of that information or knowledge.

Date of denial or revocation:

Name and title of issuing authority completing this Questionnaire:

Signature of issuing authority completing this Questionnaire:

*****Upon completion, mail this Questionnaire, the permit application and any supporting documents to the Appellant's home address, or to the attorney representing the appellant, at least 10 days prior to the hearing in accordance with Section 29-32b (c). In addition, please fax a copy to BFPE office 860-256-2997**