

**Kenneth J. Hopkins**  
Mayor

**Colonel Michael J. Winquist**  
Chief of Police



*"A Nationally Accredited Agency"*

FIVE GARFIELD AVENUE  
CRANSTON, RHODE ISLAND 02920  
Phone (401) 942-2211 TDD 943-1410

## **FIRST-TIME (NEW APPLICANT) INSTRUCTIONS (2025)**

### **LICENSE TO CARRY A CONCEALABLE WEAPON**

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1. This official application form must be filled out completely by the applicant and **NOTARIZED**. Please **PRINT LEGIBLY** or **TYPE** application. This application and submitted documents become property of the Cranston Police Department.
2. **ATTENTION CCW APPLICANT:** Due to the high volume of CCW applications the Cranston Police Department will no longer accept applications from Rhode Island residents holding out-of-state CCW permits who do not reside in or own a business in the City of Cranston. An exception will be considered for applicants who submit a letter from your hometown Chief indicating why your hometown police department cannot process your application.
3. **MANDATORY-** Proof of residency (utility bill, pay stub, operator's license).

4. **MANDATORY** proof of a conceal carry course, a basic handgun/pistol training safety course, or DEM blue card. **(LAW ENFORCEMENT-MILITARY-NRA INSTRUCTOR'S EXEMPT. MUST PROVIDE PROOF)**
5. **MANDATORY-** A **NOTARIZED** qualification course sheet signed by your certified weapons instructor (i.e. NRA instructor, or a police range instructor).
6. **MANDATORY-** A copy of your instructor's NRA, or FBI firearms instructor's certification must accompany your qualification sheet.
7. **MANDATORY-** If the permit is to be used for employment purposes a **TYPED** letter from the applicant's employer on company letterhead must be included with the application indicating the reason for permit.
8. **MANDATORY-** If the permit is not for employment purposes a **TYPED** letter must be submitted by the applicant stating the reason for the conceal carry permit. This letter must be **NOTARIZED**. Photocopies are not acceptable.
9. **MANDATORY-** Submittal of all six (6) medical/mental health facility releases. The forms must be signed and dated where applicable. Single sided copies only. Do not submit double sided copies. **ILLEGIBLE** and **INCOMPLETE** documents will result in the rejection of the document by the medical facility.
10. **MANDATORY-** Requirement of two (2) types of positive identification be provided. Both copies must be signed and **NOTARIZED**.
11. **MANDATORY-** Requirement of three (3) letters of reference and must be signed by the reference and **NOTARIZED**.
12. **MANDATORY-** An FBI fingerprint applicant card must be included and **SIGNED** with this application. [FD-258(Rev.12-29-82)]. A fingerprint card can be obtained through any RI police department or through the Attorney General's Office located at 4 Howard Avenue Cranston RI. Fingerprint cards are also available through Cranston police by

appointment only. Please call (401) 477-5024 for more information. A fifteen-dollar (\$15) fee payable with check or money order to the City of Cranston is required.

13. **MANDATORY-** If the applicant is not a Cranston resident but owns a business in the city of Cranston, the applicant must verify that status by providing a copy of a current business utility bill, operator's license, and proof of business ownership.
  
14. **MANDATORY- OUT OF STATE RESIDENT APPLICANTS-** If the applicant is an out of state resident and does not own a business in Cranston the applicant must provide a current utility or tax bill for their current residence, a copy of their operator's license, and a copy of their permit/license to carry a concealed weapon issued by any other state or subdivision of the United States.
  
15. RIGL 11-47-12 stipulates a permit fee of forty dollars (\$40) shall be charged for processing. Payment in the form of a check or money order payable to the city of Cranston will be collected at the time of permit issuance. **DO NOT SUBMIT ANY PAYMENT WITH APPLICATION.**

**APPLICATION MUST INCLUDE THE ABOVE REFERENCED THOROUGHLY COMPLETED DOCUMENTS OR THE APPLICATION WILL BE RETURNED FOR CORRECTION**

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Mayor



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**FIRST-TIME APPLICATION FOR LICENSE TO CARRY A CONCEALABLE WEAPON**

Date \_\_\_\_\_ **PERMIT # (official use only)** \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address – Street Name & Number (NO PO Boxes) \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Email address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Name \_\_\_\_\_

Employer's Address – Street Name & Number \_\_\_\_\_ City or Town & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you an US Citizen \_\_\_\_\_ How Long \_\_\_\_\_

**\*\* IF APPLYING AS A BUSINESS MUST PROVIDE PROOF OF OWNERSHIP\*\***

Business Name \_\_\_\_\_

Address – Street Name & Number (NO PO Boxes) \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

**(If you are not a citizen of the United States, a copy of both sides of your alien registration card must be included with this application.)**

LIST ALL ADDRESSES FOR THE LAST THREE YEARS, INCLUDING DATES

Address	Dates

1 - HAVE YOU **EVER** BEEN ARRESTED? (regardless of conviction or expungement)  
IF YES, GIVE DETAILS

2 - HAVE YOU **EVER** BEEN UNDER GUARDIANSHIP OR CONFINED OR TREATED  
FOR MENTAL ILLNESS?  
IF YES, GIVE DETAILS

3 - HAVE YOU **EVER** BEEN TREATED FOR ADDICTION TO A CONTROLLED SUBSTANCE?  
IF YES, GIVE DETAILS

4 - HAVE YOUR **EVER** BEEN CONVICTED OF A CRIME? \_  
IF YES, GIVE DETAILS

5 - HAVE YOU **EVER** PLED NOLO CONTENDRE TO ANY CHARGE OR VIOLATION? \_  
IF YES, GIVE DETAILS AND DATE

6 - ARE YOU UNDER INDICTMENT IN ANY COURT FOR A CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING ONE YEAR?

IF YES, GIVE DETAILS AND DATES

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7 - HAVE YOU **EVER** APPLIED FOR A PERMIT TO CARRY A CONCEALED PISTOL OR REVOLVER FROM THE ATTORNEY GENERAL OR A LOCAL CITY OR TOWN IN RHODE ISLAND?

IF YES, GIVE CITY OR TOWN

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IF YES, IS IT CURRENTLY

ACTIVE? \_\_\_\_\_ EXPIRED? \_\_\_\_\_ DENIED? \_\_\_\_\_ REVOKED? \_\_\_\_\_

**(If you hold an expired permit, enclose a photocopy, notary-signed and dated, attesting copies are true)**

8 - HAVE YOU **EVER** APPLIED FOR A PISTOL PERMIT TO CARRY A HANDGUN IN ANOTHER STATE?

YES \_\_\_ NO\_\_\_ IF YES, STATE AND CITY \_\_\_\_\_

WERE YOU DENIED? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, GIVE DETAILS

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ATTACH A PHOTOCOPY OF YOUR OUT-OF-STATE PERMIT OR LICENSE

9 - HAVE YOU **EVER** HAD A LEGAL NAME CHANGE? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE LIST ALL FORMER NAMES, NICKNAMES OR ALIAS USED BY YOU

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Please provide the following with this application:

1. A copy of two types of positive identification must be submitted, one must be a picture ID. Examples: Birth Certificate, Rhode Island State Driver's License, Rhode Island Identification Card, Passport.
2. If the applicant is a resident of the City of Cranston or owns a business in the City of Cranston, the applicant must verify that status by providing a copy of a current utility bill or tax bill related to the Cranston residence or business. If the applicant is not a resident of the City of Cranston and does not own a business in the City of Cranston, the applicant must provide a copy of a current utility bill or tax bill related to his/her current residence and a copy of a license or permit to carry a concealed weapon issued by any other state or subdivision of the United States.

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I UNDERSTAND THAT A FAILURE TO PROVIDE COMPLETE, TRUE AND CORRECT INFORMATION IN THIS APPLICATION IS CAUSE FOR DENIAL OF THIS APPLICATION AND MAY LEAD TO CRIMINAL PROSECUTION. I FURTHER UNDERSTAND THAT ANY ALTERATION OF ANY CONCEALED WEAPON PERMIT ISSUED BY THE CITY OF CRANSTON IS CAUSE FOR REVOCATION.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

Before a Notary Public subscribed and sworn to me in \_\_\_\_\_, Rhode Island

Signed before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Applicant Signature

My commission Expires \_\_\_\_\_

**Three original letters of reference are required. Only signed and notarized letters will be accepted.**

\_\_\_\_\_  
Name Address/City/State/ZIP Area Code/Tel. No. Years Known

\_\_\_\_\_  
Name Address/City/State/ZIP Area Code/Tel. No. Years Known

\_\_\_\_\_  
Name Address/City/State/ZIP Area Code/Tel. No. Years Known

**NOTE: THE RI COMBAT COURSE IS FOR LAW ENFORCEMENT PERSONNEL ONLY. ALL OTHERS MUST QUALIFY IN ACCORDANCE TO §11-47-15**

Weapons Qualification Score: \_\_\_\_\_ Caliber of Weapon: \_\_\_\_\_

Army -L Score \_\_\_\_\_ RI Combat Score \_\_\_\_\_

\_\_\_\_\_  
Signature of NRA Instructor or Police Range Officer

\_\_\_\_\_  
Printed Name and Phone Number of NRA Instructor or Police Range Officer

\_\_\_\_\_  
NRA # or Police Department Name

**AFFIDAVIT**

**I CERTIFY THAT I HAVE READ AND I AM FAMILIAR WITH THE PROVISIONS OF R.I. GEN. LAWS §§ 11-47-1 TO 11-47-63 AND THAT I AM AWARE OF THE PENALTIES FOR VIOLATIONS OF THE PROVISIONS OF §§ 11-47-1 TO 11-47-63. I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I UNDERSTAND THAT A FAILURE TO PROVIDE COMPLETE, TRUE AND CORRECT INFORMATION IN THIS APPLICATION IS CAUSE FOR DENIAL OF THIS APPLICATION AND MAY LEAD TO CRIMINAL PROSECUTION. I FURTHER UNDERSTAND THAT ANY ALTERATION OF ANY CONCEALED WEAPON PERMIT ISSUED BY THE CITY OF CRANSTON IS CAUSE FOR REVOCATION.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

Before a Notary Public subscribed and sworn to me in \_\_\_\_\_, Rhode Island

Signed before me, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Applicant Signature

My commission Expires \_\_\_\_\_