



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**  
**DIVISION OF STATE POLICE**  
**Special Licensing & Firearms Unit**



**Out of State Carry Permit Verification**

**\*\*This section must be filled out by an Official from the issuing office\*\***

Name of Permit Holder (LN, FN, MN)	DOB of Permit Holder	Permit License No.
Issuing County/State	Issue Date	Expiration Date
Restrictions (if none, write "FULL CARRY"):		

1. Is the applicants carry permit in good standing? \_\_\_\_\_  
 If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Was the applicant's permit ever revoked? \_\_\_\_\_  
 3. Is there any reason the applicant should not be approved for a permit in the State of Connecticut? \_\_\_\_\_  
 \_\_\_\_\_

**Printed Name of Official Representative** \_\_\_\_\_

**Signature of Official Representative** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**Title of Official Representative** \_\_\_\_\_

**Name of Agency** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**General: (860) 685-8290 Special Licensing: (860) 685-8160 Fax: (860) 685-8496**  
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