

STATE OF CONNECTICUT
Department of Emergency Services and Public Protection
1111 Country Club Road
Middletown, CT 06457-2389
DPS-129-C (08/31/11)

FORM MUST BE ACCOMPANIED BY:

1. Proof of legal and lawful presence in the United States: Copy of U.S. Passport, Birth Certificate, or U.S. Citizenship and Immigration Services issued permanent residence identification/documentation.
2. \$70.00 Fee (Check or money order payable to "Treasurer, State of Connecticut"). DO NOT SEND CASH.
3. Copy of valid photo identification if providing a birth certificate as proof of legal and lawful presence in the United States.
4. Notarization ONLY if renewing by mail.

Name:
Address:
City, State Zip:

Place of Birth:
Country of Citizenship:
Telephone:

Alien Registration Number: [if applicable]
Date of Expiration: [if AR # has exp date]

FOLD HERE

Please check the information below:

PERMIT ID NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER: (Optional)

EYE COLOR: HEIGHT: FT IN

WEIGHT: LBS SEX: RACE:

A=ASIAN
B=BLACK
I=INDIAN
W=WHITE
U=UNKNOWN

ATTACH IN THIS
SQUARE, USING
TRANSPARENT TAPE,
A PASSPORT PHOTO
(2" X 2") OF YOU
THAT WAS TAKEN
WITHIN THE PAST 6
MONTHS

Current Permit Valid:
From Through

[Signature box]

Please sign within the box in presence of official

By affixing my signature to this form, I certify that the information I have provided in this form is true and correct to the best of my knowledge and belief, and that the attached photograph was taken of me within the last 6 months. I am aware that in order to effectuate C.G.S 29-28, the Department of Emergency Services and Public Protection (DESPP) will be notified by the Department of Mental Health and Addiction Services if I have been confined in a hospital for psychiatric disabilities within the proceeding twelve (12) months by order of a probate court. This information will be used by the DESPP in order to fulfill its obligations under C.G.S. Section 29-28.

Subscribed to and sworn to before me this _____ day of _____, 20_____.

Notary Public: _____ Term Expires: _____