

Please type or print legibly

INFORMATION
REQUEST RESPONSE FORM

STATE PISTOL PERMITS
AND
REGISTERED FIREARMS
FAX: 860-685-8496

AGENCY MAKING REQUEST: _____ FAX: _____

RETURN TO THE ATTENTION OF: _____

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| INFORMATION REQUEST INVESTIGATION CASE # _____ <p style="text-align: center;">APPLICABLE)</p> | CRIMINAL (IF | » STATE USE ONLY « STATE FIREARMS UNIT RESPONSE WARNING - GUN REGISTRATION MAYBE INCOMPLETE |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

| SUBJECT | DOB (MANDATORY) | TYPE* (MANDATORY) | STATE PERMIT Y/N ** | FIREARMS CURRENT ** | Y/N | ATTACHMENTS Y/N |
|-----------|--------------------|----------------------|---------------------------|---------------------------|-----|-----------------|
| LAST NAME | | | | | | |
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*(PO) PROTECTIVE ORDER (RO) RESTRAINING ORDER (JO) JUDICIAL ORDER (CI) CRIMINAL INVESTIGATION - REQUIRES CASE NO. (B) BACKGROUND

DPS-8-C (rev. 7/8/11) ** A YES response to a PO, RO or JO type incident requires all reports and documentation be forwarded for revocations follow up. Please fax to: Revocations Section - 860-685-8496 **

Info can also be obtained at the
DESPP-SLFU database online. ****A "NO" hit response will not be returned to you.****

CHECKED BY _____
DATE _____