



CALHOUN COUNTY SHERIFF'S OFFICE

PISTOL PERMIT APPLICATION



STATE OF ALABAMA

Read the following carefully and provide complete and accurate information. It is a crime to make a false statement or report to law enforcement. (Title 13A-10-109, Code of Alabama, 1975). A criminal history background check will be conducted on each applicant.

Full Name: Last First Middle

Other Names You Have Been Known By: Maiden Previous Marriage Nickname

Physical Address: Street Number Apartment Number Street Name

Mailing Address: City State Zip Code

Email Address: Address City State Zip Code PO Box

Phone Numbers: Home Cell Work

Age: Date of Birth: Place of Birth: Are you a US Citizen: Yes No

Sex: Male Female Race: Height: Weight: Hair Color: Eye Color:

Driver's License Number: Other State ID: State Number State Number

Social Security Number: - -

Employer: Employer Phone Number:

Employer's Address: Address City State Zip Code

- Yes No Have you ever had a pistol permit? If so, where and when?
Yes No Have you ever had a pistol permit revoked or denied? If so, where and when?
Yes No Have you ever been arrested for a crime of violence?
Yes No Have you ever been taken into custody by a law enforcement agency?
Yes No Have you ever been arrested or charged with a crime?
Yes No Are you currently under an indictment?
Yes No Have you ever been treated for a mental illness?
Yes No Have you ever been treated for substance abuse (drugs/alcohol)?
Yes No Are you addicted to alcohol, prescription medicine or illegal drugs?
Yes No Are you on probation, parole, under a restraining order or protection from abuse order from ANY court?
Yes No Are you awaiting trial as a defendant in any criminal case?
Yes No Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect?
Yes No Have you been declared incompetent to stand trial in a criminal case?
Yes No Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect?
Yes No Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice?
Yes No Have you required involuntary outpatient treatment in a psychiatric hospital or similar treatment facility based on a finding that you are an imminent danger to yourself or to others?
Yes No Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use?
Yes No Have you been the subject of prosecution or a commitment or incompetency proceeding that could lead to a prohibition on the receipt or possession of a firearm under the laws of Alabama or the United States?

If you answered YES to any of the questions above, please use the space below to provide dates and places of arrests or treatment, charges, agency involved and dispositions.

I certify that my answers are true, complete and correct and I understand this application will be rejected if any information is found to be false or misleading.

Applicant Signature: Date:

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

APPROVED: Disapproved: Authorized Signature:

NCIC: ACJIC: NICS: Other: