

CHAMBERS 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/Nickname Previous Marriage

Physical Address: Street Number Apartment Number Street Name City State Zip Code

Mailing Address: PO Box/Address City State Zip Code

Email Address:

Phone Numbers: Home/Work Cell

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: Street Number & Street Name City State Zip Code

PLEASE COMPLETE THE REVERSE SIDE OF THE APPLICATION

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:

NJIC: ACJIC: NICS: Other:

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- 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 or under a restraining 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 psychiatric hospital or similar treatment facility for any reason 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.
