

CHAMBERS COUNTY SHERIFF'S OFFICE



PISTOL PERMIT APPLICATION RENEWAL

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

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

Since your last permit was issued, have you been arrested for any crime? _____

Since your last permit was issued, have you been treated for mental illness? _____

Since your last permit was issued, have you been treated for substance abuse? _____

Since your last permit was issued, have you been indicted for any crime? _____

Since your last permit was issued, have you committed any crime under the
Uniform Code of Military Justice? _____

Since your last permit was issued, have you been subject to a restraining order
Protection from Abuse order? _____

If you answered yes to any of the above questions, please explain: _____

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: _____