

Cleveland County Sheriff's Office
Gun Permit Application Form

Date of Application: _____ Permit Number(s): _____

Name: (Last) _____ (First) _____ (Middle) _____

Current Address: _____
Street/Road City State

How long have you lived at this address: _____ years _____ months.

Previous Address: _____
Street/Road City State

How long did you live at this address: _____ years _____ months.

Date of Birth: _____ Social Security # _____

Place of Birth: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

List any scars, marks or tattoos: _____

N.C. Driver's License or State ID Card Number: (required) # _____

Home Phone #: _____ Work Phone #: _____

Employer: _____ Address: _____

Please Note: The following questions must be answered truthfully.

1. Have you ever been convicted of a felony offense? Yes _____ No _____

If you answered yes, what was the offense and the conviction date: _____

2. Have you ever been convicted of a misdemeanor offense? Yes _____ No _____

If you answered yes, what was the offense and the conviction date: _____

3. Are you currently named in any Domestic Violence (50-B) action? Yes _____ No _____

4. Have you ever been adjudicated to be incompetent in any court? Yes _____ No _____

5. Have you ever been committed to any mental institution? Yes _____ No _____

6. Are you an unlawful user, or are you addicted to marijuana, any depressant, stimulant, or narcotic drug? Yes _____ No _____

7. Are you an illegal alien or unlawfully in the United States? Yes _____ No _____

8. Have you ever been discharged from the armed forces under dishonorable conditions? Yes _____ No _____

(Complete other side)

9. Having been a citizen of the United States, have you ever renounced your citizenship? Yes _____ No _____
10. Are you currently under indictment, or have charges pending in any court for any criminal offense? Yes _____ No _____
11. Have you ever been convicted of any crime involving physical force, or the threatened use of a deadly weapon, against your spouse, your former spouse, your child, your parent or guardian? Yes _____ No _____
12. Are you prohibited from possessing a firearm as a condition of parole, probation or any other provision of law? Yes _____ No _____

Permits are \$5.00 each. You must have correct change when you pick up your permit(s).

My signature indicates that I have given truthful information in this application, and understand that if it is determined that I have given false information, that my application will be denied.

Signature of Applicant

(For Office Use Only)

Application received by: _____

Application reviewed by: _____

CCH Record

50-B Files

AOC Record

MH Record

Application Approved by: _____

Application Denied by: _____

Reason for Denial:

Misc. Notes:

**SUPPLEMENTARY QUESTIONS FOR APPLICANTS
FOR A PERMIT TO PURCHASE A HANDGUN**

Prohibitions applicable to certain aliens. Federal law makes it unlawful for aliens who are illegally or unlawfully in the United States to receive or possess firearms. In addition, subject to certain exemptions, aliens who are in a non-immigrant status are prohibited from possessing or receiving firearms in the United States.

A non-immigrant alien is not subject to this prohibition if the alien:

- 1) is in possession of a valid hunting license or permit lawfully issued in the United States;
- 2) is an official representative of a foreign government who is accredited to the United States Government or his or her government's mission to an international organization having its headquarters in the United States; or
- 3) has received a waiver from the prohibition from the Attorney General of the United States.

See 18 USC 922(y)(2) for additional exceptions. In order to determine whether applicants who are not U.S. citizens are prohibited from possessing firearms under Federal law, it is necessary to obtain answers to the following questions.

1) Name: _____

2) Are you a citizen of the United States? Yes No

If the answer to Question 2 is "yes", there is no need to answer questions 3-8. Go directly to the certification statement in question 9.

Sheriff: If the answer to Question 2 is "yes", use "C" in the Citizenship (CTZ) field of the QN or QNP transaction form.

3) What is your country of citizenship? List more than one if applicable. _____

4) What is your place of birth? _____ (City and country)

5) What is your INS-issued alien number or admission number? _____

6) Are you an alien illegally in the United States? _____

7) Are you a non-immigrant alien? _____

Sheriff: If the answer to Question 7 is "yes", proceed to Question 8a. If the answer to Question 7 is "no", use "F" in the Citizenship (CTZ) field of the QN or QNP transaction form.

8a) Do you fall within any of the exemptions to the nonimmigrant alien prohibitions set forth in 18 USC 922(y)?

Sheriff: If the answer to Question 8a is "yes", proceed to Question 8b. If the answer to Question 8a is "no", the NICS check cannot be initiated. As a non-immigrant, the subject is ineligible to purchase, possess, or redeem a firearm if they do not meet one of the non-immigrant exemptions.

8b) If you answered "yes" to question 8a, under which exemption do you fall? Please attach documentation to support your entitlement to the claimed exemption, if applicable.

Sheriff: Validate the exemption item and indicate the exemption in the Exception Documentation (EXC) field of the QN or QNP transaction form. Then place "F" in the Citizenship (CTZ) field of the QN or QNP transaction form.

9) I certify that the above answers are true and correct.

Applicant's Signature

Date

STATE OF NORTH CAROLINA _____ County	RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT
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<i>Name And Address Of Applicant</i>	<i>Date of Birth</i>
	<i>Social Security No.</i>
	<i>State Drivers License No. (State Identification No. If No Drivers License)</i> <i>State</i>

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers, named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this Release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.

Name Of Provider	Address Of Provider

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

SWORN AND SUBSCRIBED TO BEFORE ME		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature of Applicant</i>
<i>Title</i>		
<i>Date Commission Expires</i>		

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New 12/95

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