

**PLEASE FOLLOW THESE INSTRUCTIONS WHEN FILLING OUT  
YOUR CONCEALED WEAPON APPLICATION.  
BRING BACK THE FOLLOWING INFORMATION WITH YOU TO  
PROCESS YOUR APPLICATION.**

.....

- Completed application – Be sure to put last name first, first name, middle name, and maiden name.
- Original firearms certificate
- Questionnaire (2 pages)
- Concealed weapon permit advisory (2 pages)
- Personal data sheet
- Release of physical and mental health substance abuse and confidential court records for concealed handgun permit
- An original social security card or a letter from the social security number and a NC driver's license.

**CERTIFIED CHECK OR MONEY ORDER FOR \$90.00**  
**MADE PAYABLE TO THE**  
**CLEVELAND COUNTY SHERIFF'S OFFICE –**  
**WE DO NOT ACCEPT CASH OR PERSONAL CHECKS**

**CALL AJ GUFFEY AT 704-484-4763 TO MAKE AN APPOINTMENT TO  
PROCESS APPLICATION AND TO BE FINGERPRINTED.**

**WE WILL NOTARIZE SIGNATURES HERE.**

**PLEASE MAKE SURE YOUR PAPERWORK IS COMPLETE WHEN  
YOU COME IN FOR YOUR APPOINTMENT.**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_



**CLEVELAND COUNTY SHERIFF'S OFFICE CONCEALED WEAPONS PERMIT  
QUESTIONNAIRE: A PART OF THIS AGENCIES APPLICATION PROCESS FOR  
INVESTIGATIVE PURPOSES**

**APPLICANT'S NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY. INTENTIONALLY GIVING FALSE ANSWERS DURING THE APPLICATION PROCESS MAY BE GROUNDS FOR DENIAL OF A PERMIT, OR REVOCATION OF A PERMIT IF ISSUED

1. Have you ever been known by a name other than what you have listed on the Application? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, by what other name? \_\_\_\_\_

2. If you served in the military, what branch of service were you in and when did you serve? \_\_\_\_\_ Yes \_\_\_\_\_ No  
I was in the \_\_\_\_\_ and served from \_\_\_\_\_ to \_\_\_\_\_.  
Mo/Yr. Mo/Yr.

Will you provide if asked to do so, a copy of your discharge from the military?

3. How long have you lived in North Carolina? \_\_\_\_\_  
Months Years

4. Please list your address history (your last three previous addresses, and the time period).

- 1) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
2) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
3) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

5. Do you now possess or have you ever possessed a driver's license in another state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, in what state(s)? \_\_\_\_\_

6. Are you currently under any 50B (Domestic Violence Order(s))? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Have you been charged with a crime anywhere, and the case dismissed pending the District Attorney seeking a Bill of Indictment, against you charging you with a crime, where the likelihood of you being charged is likely to occur? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, where will you likely be indicted? \_\_\_\_\_

8. Have you ever received treatment as a substance abuser (Alcohol or Drugs)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when and where? \_\_\_\_\_

9. Have you ever been denied employment or terminated from employment as a result of a positive drug test? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Have you applied for a Concealed Carry Permit anywhere else in North Carolina and been denied? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, by which Sheriff? \_\_\_\_\_

11. Have you applied for a Concealed Carry Permit in any other state and been denied? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, by which Sheriff? \_\_\_\_\_

12. Check which statement best describes your use of alcohol or other drugs:

- |                                |   |
|--------------------------------|---|
| _____ Never drink alcohol      | _____ Never use any drugs not prescribed and don't abused prescribed medicine |
| _____ Once or twice a year     | _____ On occasion may use a prescription drug not prescribed for me           |
| _____ Once or twice a month    | _____ Have experimented with non prescription drugs in the past               |
| _____ Once or twice a week     | _____ Have used non-prescription drugs in the last year.                      |
| _____ One or more drinks daily | _____ Have used non-prescription drugs in the last month.                     |
|                                | _____ Have used non-prescription drugs in the last week.                      |

13. Please list any state, public, or private mental health faculties where you have been a patient:

Name: City: State:  
Name: City: State:  
Name: City: State:  
Name: City: State:

(Others list in the comments section and refer to question 13 beside your answer)

14. Have you ever taken the life of another Human Being with any type of weapon? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, were you justified to do so? (Such as during war, self defense, etc)

15. Have you ever had a conviction in another state for driving while impaired/driving under the influence in the past three years? \_\_\_\_\_Yes \_\_\_\_\_No

16. Have you ever had any convictions for drunk and disorderly, public drunkenness, or any other alcohol related offenses in or outside North Carolina? \_\_\_\_\_Yes \_\_\_\_\_No

17. Please list three references who have known you for at least 5 years who can confirm your answers and /or vouch for your personal character:

1) Name: Address: Phone:  
2) Name: Address: Phone:  
3) Name: Address: Phone:

18. What is your marital status? (Check) \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed

19. Where were you born? \_\_\_\_\_  
City and State information required

20. Is there anything that you feel like we haven't asked you that we should have, that you feel would be important for us to know in assessing your application? If so, please indicate below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Do you feel like you have been treated fairly, professionally, and courteously during this application process? \_\_\_\_\_Yes \_\_\_\_\_No

**I THE APPLICANT, CERTIFY THAT THE ANSWERS TO THE QUESTIONS GIVEN ON THIS APPLICATION WHICH CONSISTS OF TWO (2) PAGES ARE THE TRUTH, AND THAT I HAVE NOT GIVEN FALSE ANSWERS, OR INTENTIONALLY MISREPRESENTED ANY FACTS DURING MY APPLICATION PROCESS.**

\_\_\_\_\_  
**APPLICANT'S NAME**

**CLEVELAND COUNTY SHERIFF'S OFFICE**  
**CONCEALED WEAPONS PERMIT ADVISORY**

I, \_\_\_\_\_, the applicant for a concealed weapons permit hereby acknowledge that the following information has been explained to me, by an officer of the Cleveland County Sheriff's Office. I understand and know:

1. That if I receive a permit to carry a handgun, that the permit to carry a concealed handgun must be carried along with valid identification (such as a NC Driver's License or Identification Card) whenever the handgun is being carried concealed.
2. When I am approached or addressed by any officer, that I must disclose the fact that I have a valid concealed handgun permit and inform the officer that I am in possession of a concealed handgun. I will not attempt to draw or display either the weapon or my permit to the officer unless and until he/she directs me to do so. I will keep my hands in plain view and will not make any sudden movements.
3. That at the request of any law enforcement officer, I must display both the permit and valid identification.
4. That I may not, with or without a permit, carry a concealed weapon while consuming alcohol or any controlled substances are in my blood unless the controlled substance was obtained legally and taken in therapeutically appropriate amounts.
5. That I must notify the Sheriff who issued the permit of any address change within thirty (30) days of the change of address.
6. That if the permit is lost or destroyed, I must notify the Sheriff who issued the permit, and that I may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. I understand that I cannot carry a handgun without it.
7. That even with a permit, I cannot carry a concealed handgun in the following areas:
  - A. Any law enforcement or correctional facility,
  - B. Any space occupied by state or federal employees,
  - C. Any premises where the carrying of a concealed handgun is prohibited by posting of a statement by the controller of the premises,
  - D. Public educational property; however, a permittee may secure a handgun in a locked vehicle;
  - E. Areas of assemblies, parades, funerals, or demonstrations,
  - F. State occupied property,
  - G. Any state or federal courthouse,
  - H. In any area prohibited by federal law,
  - I. Any local government building if the local government has adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.

8. That if I am in a vehicle and stopped by a law enforcement officer, that I should put both hands on the steering wheel, and announce that I am in possession of a concealed handgun and state where you have it concealed and that I am in possession of a permit. I will not remove my hands from the wheel until I am instructed to do so by the officer.
9. That once I pay the required permit and fingerprint fees, that they are not refundable even if I am denied a permit or at a later date my permit to carry a concealed handgun is revoked.
10. That if I am issued a valid permit, and am found to be carrying a concealed handgun without the permit in my possession, or if I fail to disclose to any law enforcement officer that I hold a valid permit while carrying a concealed handgun, that I shall be guilty of an infraction for the first offense and shall be punished in accordance with NCGS 14-3.1. In lieu of paying a fine for the first offense, I may surrender a permit. Subsequent offenses for failing to carry a valid permit or fail failing to make the necessary disclosures to a law enforcement officer shall be punished as a Class 2 Misdemeanor. A person who violates the provisions of this Article other than as set forth above, is also guilty of a Class 2 Misdemeanor. A non-permittee that carries a concealed weapon in violation of North Carolina Law, is guilty of a Class 2 Misdemeanor for the first offense. A second or subsequent offense is punishable as a Class I Felony.
11. That a Sheriff who issues or refuses to issue a permit to carry a concealed handgun under this Article, shall not incur any civil or criminal liability as a result of the performance of the Sheriff's duties under this legislation.

Having been advised of these things on this document consisting of two (2) pages, I hereby agree to obey and abide by the law, and to carry any handgun so permitted, in the manner and with the conditions as described above.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Applicant Signature

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Witness/Officer

<b>STATE OF NORTH CAROLINA</b>		<b>RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT</b>	
_____ <b>County</b>			
<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.

<b>Name Of Provider</b>	<b>Address Of Provider</b>

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.

<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature of Applicant</i>
<i>Title</i>		<b>SEAL</b>
<i>Date Commission Expires</i>		
<i>AOC-SP-914M, New 12/95, 1997 Administrative Office of the Courts</i>		

# THE DO'S AND DON'TS OF CARRYING A CONCEALED HANDGUN

1. Your permit to carry a concealed handgun **must** be carried along with valid identification whenever the handgun is being carried concealed.
2. When approached or addressed by any officer, you **must** disclose the fact that you have a valid concealed handgun permit and inform the officer that you are in possession of a concealed handgun. You should **not** attempt to draw or display either your weapon or your permit to the officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.
3. At the request of any law enforcement officer, you must display both the permit and valid identification.
4. You **may not**, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any substance, controlled or otherwise, is in your blood unless the substance was obtained legally and taken in therapeutically appropriate amounts.
5. You **must** notify the Sheriff who issued the permit of any address change within thirty (30) days of the change of address.
6. If a permit is lost or destroyed, you **must** notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do **not** carry a handgun without it.
7. Even with a permit, you may **not** carry a concealed handgun in the following areas:
  1. Any law enforcement or correctional facility;
  2. Any space occupied by state or federal employees;
  3. Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
  4. Public educational property, however a permittee may secure a handgun in a locked vehicle;
  5. Areas of assemblies or demonstrations;
  6. State occupied property;
  7. Any State or federal courthouse;
  8. Any area prohibited by federal law;
  9. Any local government building if the local government had adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
8. If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do **not** remove your hands from the wheel until instructed to do so by the officer.

I, \_\_\_\_\_, have read and understand the Do's and Don'ts of carrying a concealed handgun, and the Disqualifying Criminal Offenses pursuant to N.C. General Statute § 14-415.12 (b)(8).

Signature \_\_\_\_\_, Date \_\_\_\_\_

Witness: \_\_\_\_\_, Date \_\_\_\_\_

# STATE OF NORTH CAROLINA

## APPLICATION FOR CONCEALED HANDGUN PERMIT

Name of Applicant (Last, First, Middle, Maiden) ▶ Attach listing of all previous addresses and all name changes including location and court file number (If Applicable)

- NEW PERMIT       RENEWAL PERMIT  
 DUPLICATE       EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

Street Address			Date of Birth		Social Security Number ▶ See Notification on page 3	
City	State	Zip Code	Driver's License Number (State ID Number if no driver's license)			State
Mailing Address			Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A		Race ▶ See below for code	Sex
Telephone Number	County of Residence		Eyes	Height	Weight	Other Physical Description

▶ RACE CODES: **A**-Asian or Pacific Islander, **B**-Black, **I**-American Indian or Alaskan Native, **U**-Unknown, **W**-White

### APPLICATION

I, the undersigned applicant, being duly sworn, hereby make application for a North Carolina Concealed Handgun Permit and state that the following information is correct to the best of my knowledge.

(Check Appropriate Boxes)

1. Are you a citizen of the United States? (1)  Yes  No  
 \* If No: Have you been lawfully admitted for permanent residence? \*  Yes  No  
 ▶ If Yes, attach documentation.
2. Are you 21 years of age or older? (2)  Yes  No
3. Have you been a resident of North Carolina for 30 days or longer immediately preceding the date of this application? (3)  Yes  No
4. Do you suffer from a physical or mental infirmity that prevents the safe handling of a handgun? (4)  Yes  No
5. Have you successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force? ▶ If Yes, attach documentation. (5)  Yes  No  
 \* If No: Do you meet any of the exceptions in N.C.G.S. § 14-415.12A? \*  Yes  No  
 ▶ If Yes, attach documentation.
6. Are you ineligible to own, possess, or receive a firearm under the provisions of State or federal law? (6)  Yes  No
7. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? (7)  Yes  No
8. Have you been adjudicated guilty in any court of a felony? (8)  Yes\*  No  
 \* If Yes: Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4? \*  Yes  No  
 ▶ If Yes, attach documentation.
9. Are you a fugitive from justice? (9)  Yes  No
10. Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (10)  Yes  No
11. Are you currently or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? (11)  Yes  No
12. Have you been discharged from the U.S. Armed Forces under conditions other than honorable? (12)  Yes  No
13. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed on page 3 of this form? ▶ See "List of Disqualifying Criminal Offenses" on page 3. (13)  Yes  No
14. Have you had an entry of prayer for judgment continued for a criminal offense which would disqualify you from obtaining a handgun permit? (14)  Yes  No
15. Are you free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify you from obtaining a concealed handgun permit? (15)  Yes  No
16. Have you been convicted of an impaired driving offense under N.C. G.S. § 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? (16)  Yes  No

I hereby apply for a Temporary Emergency Permit for a nonrenewable period of up to 45 days based upon the information set forth below. I reasonably believe that an emergency situation exists which may constitute a risk of safety to me, my family, or my property.

State Grounds for Temporary Emergency Permit (Use attachment if necessary)

(To be completed for RENEWALS only) – I currently hold a valid Concealed Handgun Permit issued by the \_\_\_\_\_ County Sheriff's Office. I hereby affirm that I remain qualified to receive and possess this Concealed Handgun Permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the NC General Statutes and the criteria outlined in this application.

<b>SWORN TO AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature of Person Authorized to Administer Oaths	Signature of Applicant
Title		<b>CAUTION</b> Federal law and State law on the possession of handguns and firearms may differ. If you are prohibited by federal law from possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.
Date Commission Expires	<b>SEAL</b>	

**SHERIFF USE ONLY**

**Check List — check applicable boxes:**

- |  |   |
|--|---|
| <p>1. Nonrefundable Permit Fee Paid ..... <input type="checkbox"/></p> <p>2. One Full Set of Fingerprints Administered by the Sheriff's Office ..... <input type="checkbox"/></p> <p>3. Original Certificate of Completion of Approved Firearms Safety &amp; Training Course ..... <input type="checkbox"/></p> <p>4. Renewal—Waiver of Application Firearm Safety &amp; Training Course ... <input type="checkbox"/></p> <p>5. Attachment(s) (Specify) _____ <input type="checkbox"/></p> <p>6. Temporary Documentation ..... <input type="checkbox"/></p> <p>7. Other (Specify) _____ <input type="checkbox"/></p> | <p>8. Date Issued Temporary Permit _____</p> <p>9. Date Denied Temporary Permit _____</p> <p>10. Date Issued Permit _____<br/>Permit Number _____</p> <p>11. Date Denied Permit _____</p> <p>12. Date Submitted to SBI _____</p> <p>13. NICS Transaction Number (NTN) _____</p> |
|--|---|

**Signature of Sheriff:** \_\_\_\_\_

*Original – Sheriff / Copy – Applicant*

## LIST OF DISQUALIFYING CRIMINAL OFFENSES

► **NOTE:** Effective July 1, 2015 for all CHP applications – an applicant who has been found guilty of or received a prayer for judgment continued or a suspended sentence for one of the offenses listed in 1-20, AND THREE YEARS HAS PASSED PRIOR TO SUBMITTING THE APPLICATION, can receive a Concealed Handgun Permit.

1. Simple assault..... N.C.G.S. § 14-33(a)
2. Violation of court orders .....N.C.G.S. § 14-226.1
3. Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition, or alcoholic beverages to inmates of charitable, mental or penal institutions, or local confinement facilities.....N.C.G.S. § 14-258.1
4. Carrying weapons on campus or other educational property .....N.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumed .....N.C.G.S. § 14-269.3
6. Carry weapons on State property and courthouses.....N.C.G.S. § 14-269.4
7. Possession and/or sale of spring-loaded projectile knives .....N.C.G.S. § 14-269.6
8. Impersonation of a law enforcement officer or other public officer .....N.C.G.S. § 14-277
9. Communicating threats .....N.C.G.S. § 14-277.1
10. Carry weapons at parades and other public gatherings.....N.C.G.S. § 14-277.2
11. Exploding dynamite cartridges and/or bombs (except fireworks violations under N.C.G.S. § 14-414).....N.C.G.S. § 14-283
12. Rioting and inciting a riot.....N.C.G.S. § 14-288.2
13. Fighting or conduct creating the threat of imminent fighting or other violence .....N.C.G.S. § 14-288.4(a)(1)
14. Looting and trespassing during an emergency .....N.C.G.S. § 14-288.6
15. Assault on emergency personnel .....N.C.G.S. § 14-288.9
16. Violations of City state of emergency ordinances.....N.C.G.S. § 14-288.12
17. Violations of County state of emergency ordinances.....N.C.G.S. § 14-288.13
18. Violations of State of emergency ordinances .....N.C.G.S. § 14-288.14
19. Violations of the standards for carrying a concealed weapon ..... N.C.G.S. § 14-415.21(b)
20. Misrepresentation on certification of qualified retired law enforcement officers..... N.C.G.S. § 14-415.26(d)

► **NOTE:** Offenses listed in 21-32 are permanent disqualifiers for a Concealed Handgun Permit.

21. Assault inflicting serious injury or using deadly force..... N.C.G.S. § 14-33(c)(1)
22. Assault on a female..... N.C.G.S. § 14-33(c)(2)
23. Assault on a child under the age of 12 .....N.C.G.S. § 14-33(c)(3)
24. Assault inflicting serious injury or using a deadly weapon on a person in a personal relationship and in the presence of a minor .....N.C.G.S. § 14-33(d)
25. Stalking .....N.C.G.S. § 14-277.3A
26. Child abuse ..... N.C.G.S. § 14-318.2
27. Domestic criminal trespass ..... N.C.G.S. § 14-134.3
28. Domestic violence protective order violations .....N.C.G.S. § 50B-4.1
29. Stalking ..... Former N.C.G.S. § 14-277.3
30. Any person convicted of a “misdemeanor crime of domestic violence” as defined in federal law at 18 USC 922(g)(9).
31. Any crimes involving assault or a threat to assault a law enforcement officer, probation or parole officer, person employed at a State or local detention facility, firefighter, emergency medical technician, medical responder, or emergency department personnel.
32. Misdemeanor crimes that involve violence (other than the misdemeanors listed in items 1-20).
33. Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-20).

► **SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this Concealed Handgun Permit application is voluntary. The purpose of requesting the social security number is to assist in your identification and to help distinguish you from other persons with similar names. No Concealed Handgun Permit will be denied for failure to **disclose** a social security number.