



FAYETTE 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:

County of Residence: Requesting permit for years (may apply for up to Five (5) years)

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

Mailing Address: Address City State Zip

Email Address:

Phone Number Home CELL
AGE: DATE OF BIRTH: PLACE OF BIRTH: ARE YOU A U.S. CITIZEN? YES NO

SEX: MALE FEMALE RACE: HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR

DRIVER'S LICENSE NUMBER: STATE NUMBER OTHER STATE I.D.: STATE NUMBER

SOCIAL SECURITY:

- O YES O NO HAVE YOU EVER HAD A PISTOL PERMIT?
O YES O NO HAVE YOU EVER HAD A PISTOL PERMIT REVOKED OR DENIED? IF SO, WHERE AND WHEN?
O YES O NO HAVE YOU EVER BEEN CONVICTED OF A CRIME?
O YES O NO ARE YOU NOW OR HAVE YOU EVER BEEN UNDER AN INDICTMENT?
O YES O NO ARE YOU NOW OR HAVE YOU EVER BEEN TREATED FOR A MENTAL ILLNESS OR SUBSTANCE ABUSE (DRUGS/ALCOHOL)?
O YES O NO ARE YOU NOW OR HAVE YOU EVER BEEN UNDER A RESTRAINING ORDER TO PREVENT ENDANGERING YOURSELF OR OTHERS?
O YES O NO ARE YOU AWAITING TRIAL AS A DEFENDANT IN ANY CRIMINAL CASE?
O YES O NO HAVE YOU BEEN FOUND GUILTY BY REASON OF MENTALLY ILLNESS IN A CRIMINAL CASE?
O YES O NO HAVE YOU BEEN FOUND NOT GUILTY IN A CRIMINAL CASE BY REASONS OF INSANITY OR MENTAL DISEASE OR DEFECT?
O YES O NO HAVE YOU BEEN DECLARED INCOMPETENT TO STAND TRIAL IN A CRIMINAL CASE?
O YES O NO HAVE YOU ASSERTED A DEFENSE IN A CRIMINAL CASE OF NOT GUILTY BY REASON OF INSANITY OR MENTAL DISEASE OR DEFECT?
O YES O NO HAVE YOU BEEN FOUND NOT GUILTY BY REASON OF LACK OF MENTAL RESPONSIBILITY UNDER THE UNIFORM CODE OF MILITARY JUSTICE?
O YES O 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?
O YES O NO HAVE YOU REQUIRED INVOLUNTARY COMMITMENT TO A PSYCHIATRIC HOSPITAL OR SIMILAR TREATMENT FACILITY FOR ANY REASONS, INCLUDING DRUG USE?
O YES O NO HAVE YOU BEEN THE SUBJECT OF A PROSECUTION OR OF A COMMITMENT OR INCOMPLETENESS 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 ARREST OR TREATMENT, CHARGES, AGENCY INVOLVED AND DISPOSITIONS.

Blank lines for providing details on arrests or treatments.

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'S SIGNATURE: DATE:

DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY

APPROVED: FEE FOR PERMIT \$

DISAPPROVED: AUTHORIZED SIGNATURE:
NCIC ACJIC NICS TRANSACTION # OTHER