



# CLAY 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 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 Known By: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Number
Apartment Number
Street Name

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Email Address : \_\_\_\_\_

Phone Numbers : \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

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: \_\_\_\_\_ Other State I.D.: \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street Number
City
State
Zip Code

- 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 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 guilty but mentally ill in a criminal case?
- Yes  No Have you been found guilty in a criminal case by reason 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 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 a psychiatric hospital or similar treatment facility for any reasons, including drug use?
- Yes  No Have you been the subject of a prosecution or of 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 about, please use the spaces below to provide dates and places of arrest or treatment, charges, agency involved and dispositions.**

\_\_\_\_\_

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:** \_\_\_\_\_ **DISAPPROVED:** \_\_\_\_\_ **AUTHORIZED SIGNATURE:** \_\_\_\_\_

**NCIC** \_\_\_\_\_ **ACJIC** \_\_\_\_\_ **NICS** \_\_\_\_\_ **TRANSACTION #** \_\_\_\_\_ **OTHER** \_\_\_\_\_

\_\_\_\_\_