



# DEKALB 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: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
House Number Apartment Number Street Name  
City State Zip Code

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

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

Phone Numbers: \_\_\_\_\_  
Home Cell

Are you a U. S. Citizen?

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- 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 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 or substance abuse (drugs/alcohol)?
- 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 by reason of mental illness in a criminal case?
- Yes  No Have you been found not guilty in a criminal case by reasons of insanity or mental illness 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 not 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?
- Yes  No Have you ever been charged or convicted of domestic violence or assault?

If you answered YES to any of the questions above, please use the space below to provide dates and places of arrests 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: \_\_\_\_\_ FEE FOR PERMIT \$ \_\_\_\_\_

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

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