

STATE OF NORTH CAROLINA

APPLICATION FOR PERMIT(S) TO PURCHASE A HANDGUN

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
 DUPLICATE

N. C. G. S. §14-402 et seq.

Street Address:

Date of Birth:

Social Security Number:
 ▶ See Notification on page 2

Time at Present Address:

Email Address: (Optional)

City, County and State of Birth:

Yrs: ___ Months: ___

City: _____ State: _____ Zip Code: _____

Driver's License Number: (State ID Number if no Driver's License)

State: _____

Mailing Address:

Military Status: Active Reserve
 Discharged Retired N/A

Race:
 ▶ See below for code

Sex: _____

Telephone Number:

County of Residence:

Eyes:

Hair:

Height:

Weight:

Other Physical Description:

APPLICATION

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

(Check Appropriate Boxes)

1. Are you lawfully in the United States? (1) Yes No
2. Are you a citizen of the United States? ▶ Non US Citizens must complete the Supplementary Questions for Applicants (2) Yes No
 If No, provide your Alien Admission Number here: _____
3. Are you 18 years of age or older? (3) Yes No
4. Are you ineligible to own, possess, or receive a firearm under the provisions of state or federal law? (4) Yes No
5. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? (5) Yes No
6. Have you been adjudicated guilty in any court of a felony? (6) Yes* No
 * If Yes: Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4, or have you received a pardon which allows you to possess firearms? Yes No
 ▶ If Yes, attach documentation
7. Are you a fugitive from justice? (7) Yes No
8. Are you an unlawful user of or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (8) Yes No
9. Have you ever been adjudicated mentally incompetent or been committed to a mental institution? (9) Yes No
10. Have you been discharged from the U.S. Armed Forces under dishonorable conditions? (10) Yes No
11. Have you ever renounced your U.S. citizenship? (11) Yes No
12. Are you currently subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child of an Intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child? (12) Yes No
13. Are you currently under any type of probation or parole? (13) Yes No

▶ RACE: American Indian (AI), Asian (A), Black (B), Native Hawaiian (H), Pacific Islander (P), White (W), Latino/Hispanic (L).

Reason for the request for a Permit to Purchase a handgun:

- 1. Protection of myself, home, business, property or family
- 2. Collecting
- 3. Target Shooting
- 4. Hunting
- 5. Number of permits requested _____

Applicant's Signature

Date Application Signed

CAUTION: Federal law and State law on the purchase or possession of handguns and firearms may differ. If you are prohibited by federal law from purchasing or possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.

SHERIFF USE ONLY

The following items were submitted – check applicable boxes

- 1. Permit to Purchase application.....
- 2. Nonrefundable permit fee(s) paid.....
(\$5.00 for each permit requested)
- 3. Copy of government issued identification.....
- 4. Proof of residency.....
- 5. Signed release for mental health orders.....
- 6. Date issued Permit(s) _____
- 7. Date denied Permit(s) _____
- 8. NICS Transaction Number (NTN): _____
- 9. Date Transactions Ran: _____
- 10. Permit Number(s): _____

Signature of Sheriff: _____

Original – Sheriff / Copy – SBI / Copy – Applicant

▶ **SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this permit to purchase 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 permit to purchase will be denied for failure to disclose a social security number.

STATE OF NORTH CAROLINA

_____ **MACON** _____ County

**RELEASE OF COURT ORDERS CONCERNING
MENTAL HEALTH AND CAPACITY
FOR PISTOL PURCHASE PERMIT**

G.S. 14-404(e1)

Name And Address Of Applicant

Date Of Birth

Social Security No.

State Drivers License No. (State Identification No. if no drivers license)

State

I hereby authorize and request any and all Clerks of Superior Court of North Carolina to inform the Sheriff of the county named above whether or not the clerk's files or records contain any court orders concerning my mental health or capacity. If so, I authorize the clerk to reveal to the sheriff the court orders within any confidential court files or records that the sheriff may reasonably require in order to determine whether or not to issue a pistol purchase permit to me.

This Release may be treated as a motion in the cause for disclosure pursuant to G.S. 122C-54(d), which disclosure is necessary to enable the sheriff to determine my qualification to purchase or possess a handgun. I stipulate that a clerk may reveal to the sheriff any court orders pursuant to any specific or standing order entered in response to or anticipation of this motion.

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.

I authorize the sheriff to photocopy this Release after I sign it, and I authorize any clerk to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Applicant

SEAL

Date Commission Expires

NOTE TO CLERK: *This Release authorizes the disclosure of only court orders concerning the mental health or capacity of the applicant for a pistol purchase permit pursuant to G.S. 14-404. Unless requested via a separate motion under G.S. 122C-54(d) and specifically ordered by the court, the clerk may not release any records or information from an involuntary commitment proceeding other than an actual court order in response to this Release.*