



*Macon County Sheriff's Office*  
*Sheriff Brent Halbrachs*



## **APPLICATION FOR NEW CONCEALED HANDGUN PERMIT OR RENEWAL**

### **PLEASE READ ALL INSTRUCTIONS**

If you are applying for a North Carolina Concealed Handgun Permit you will need to complete the following:

All new permits are required to have fingerprints taken, please call to schedule your appointment at: **(828) 349-2295**

1. State of North Carolina: "Release of Physical and Mental Health, Substance Abuse and Confidential Court Records for Concealed handgun Permit" (AOC-SP-914)

**THIS MUST BE NOTORIZED**

2. State of North Carolina "Application for Concealed Handgun Permit" (DCI CHPA)

**THIS MUST BE NOTORIZED**

The completed packet of paperwork is to be returned to the Macon County Sheriff's Office with a **Check or Money Order** for your type of permit, see below for fees. This fee is NON-REFUNDABLE under North Carolina General Statute.

New Permit or Emergency Temporary Permit: \$90.00

Renewal Permit: \$75.00

Duplicate or Replacement Permit: \$15.00

\*\*\* Change of Address, Change of Name, Lost and/or Destroyed permits requires you to apply for a Duplicate or Replacement Permit.

**\*\*\*MACON COUNTY SHERIFF'S OFFICE DOES NOT ACCEPT  
CASH OR DEBIT/CREDIT CARDS FOR PERMITS\*\*\***

**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:  
MACON COUNTY**



*Macon County Sheriff's Office*  
*Sheriff Brent Holbrooks*



**Macon County Sheriff's Office Concealed Handgun Check List**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Current Permit # \_\_\_\_\_ Expiration of Current Permit: \_\_\_\_\_  
(If Applicable) (If Applicable)

**New Applicant – Concealed Handgun Permit**

- ☐ Certificate of Completion Firearms Safety Training Course
- ☐ Application for Concealed Handgun Permit (3 Pages) **(MUST BE SIGNED & NOTORIZED – On page 2)**
- ☐ Mental Record Check **(MUST BE SIGNED & NOTORIZED – On bottom of the Form)**
- ☐ Copy of Driver's License
- ☐ Copy of Check or Money Order
- ☐ Completed Gun Permit Address List
- ☐ Fingerprint Cards (2 Copies, provided/completed by Macon County Sheriff's Office)

**Renewal Applicant – Concealed Handgun Permit – (Cannot be accepted until 90 days from expiration)**

- ☐ Application for Concealed Handgun Permit (3 Pages) **(MUST BE SIGNED & NOTORIZED -Page 2)**
- ☐ Complete RENEWALS ONLY box located on Page 2 of CHP Application
- ☐ Mental Record Check **(MUST BE SIGNED & NOTORIZED – Bottom of Form)**
- ☐ Copy of Driver's License - Address the same as the expiring permit: **YES \_\_\_\_ NO \_\_\_\_**
- ☐ Copy of Check or Money Order
- ☐ Copy of Current Concealed Handgun Permit **(Applications may not be accepted without this copy)**
- ☐ Completed Gun Permit Address List

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**To Be Completed By Macon County Sheriff's Office Personnel**

Received By: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Applied: \_\_\_\_\_

DCI Information: QNP – Processed By: \_\_\_\_\_ Date Performed: \_\_\_\_\_

NTN/ \_\_\_\_\_ NO PRIOR RECORD

\_\_\_\_ PRIOR RECORD (If Located): FBI # \_\_\_\_\_ SID# \_\_\_\_\_

☐ Fingerprint Response from DCI ☐ Mental Background Check

Date Entered into DCI (ECG): \_\_\_\_\_ Renewal (ECGN): \_\_\_\_\_

Date Issued into DCI (ECGN): \_\_\_\_\_ Date Permit Received: \_\_\_\_\_

# 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 — *Optional*  
▶ See Notification on page 2

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

Hair

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.

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 have 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.

**SWORN TO AND SUBSCRIBED TO BEFORE ME**

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature of Person Authorized to Administer Oaths \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Title \_\_\_\_\_

Date Commission Expires \_\_\_\_\_

**SEAL**

**CAUTION**

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.

**SHERIFF USE ONLY**

**Check List — check applicable boxes:**

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

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

Original – Sheriff / Copy – Applicant

- **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.

## LIST OF DISQUALIFYING CRIMINAL OFFENSES

► **NOTE:** *If otherwise qualified, an applicant who has been found guilty OR received a prayer for judgment continued OR a suspended sentence for one of the offenses listed in 1-21 below, and **THREE YEARS have passed PRIOR** to the signed application date, CAN receive a Concealed Handgun Permit — [N.C.G.S. § 14-415.12 \(b\)\(8\)](#).*

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. Carrying 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 ..... *Former* [14-288.12](#)
17. Violations of County state of emergency ordinances ..... *Former* [14-288.13](#)
18. Violations of State of emergency ordinances ..... *Former* [14-288.14](#)
19. Convicted of impaired driving under [G.S. §§ 20-138.1, 20-138.2, or 20-138.3](#) ..... [N.C.G.S. § 14-415.12\(b\)\(11\)](#)
20. Violations of the standards for carrying a concealed weapon ..... [N.C.G.S. § 14-415.21\(b\)](#)
21. Misrepresentation on certification of qualified retired law enforcement officers ..... [N.C.G.S. § 14-415.26\(d\)](#)

► **NOTE:** *Offenses listed in 22-33 below are PERMANENT DISQUALIFIERS for a Concealed Handgun Permit.*

22. Assault inflicting serious injury or using deadly force ..... [N.C.G.S. § 14-33\(c\)\(1\)](#)
23. Assault on a female ..... [N.C.G.S. § 14-33\(c\)\(2\)](#)
24. Assault on a child under the age of 12 ..... [N.C.G.S. § 14-33\(c\)\(3\)](#)
25. 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\(d\)](#)
26. Stalking ..... (*includes Former [N.C.G.S. § 14-277.3](#)*) ..... [N.C.G.S. § 14-277.3A](#)
27. Child abuse ..... [N.C.G.S. § 14-318.2](#)
28. Domestic criminal trespass ..... [N.C.G.S. § 14-134.3](#)
29. Domestic violence protective order violations ..... [N.C.G.S. § 50B-4.1](#)
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 1-21).
33. Misdemeanor crimes under [Article 8 of Chapter 14](#) (other than the misdemeanors listed in items 1-21).

**STATE OF NORTH CAROLINA**

\_\_\_\_ County

**RELEASE OF PHYSICAL AND MENTAL  
HEALTH, SUBSTANCE ABUSE AND  
CONFIDENTIAL COURT RECORDS FOR  
CONCEALED HANDGUN PERMIT**

G.S. 14-415.13(a)(5)

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 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.

Name Of Provider	Address Of Provider

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.

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.

**NOTE:** Pursuant to G.S. 14-415.15(a), no person, company, mental health provider, or governmental entity may charge additional fees to the applicant for a concealed handgun permit for a background check under that subsection.

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
Title		
Date Commission Expires		

**SEAL**





*Macon County Sheriff's Office*  
*Sheriff Brent Holbrooks*



## Gun Permit Address List

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Current Permit # \_\_\_\_\_  
(If Applicable)

List any address that you have lived at over the past 5 years.

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

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

Dates: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
From To

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

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

Dates: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
From To

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

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

Dates: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
From To

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

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

Dates: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
From To

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

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

Dates: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_  
From To



*Macon County Sheriff's Office*  
*Sheriff Brent Holbracks*



**KEEP THIS FORM FOR YOUR RECORDS**

**CONCEALED HANDGUN RECIPROCITY FOR NORTH CAROLINA**

Current list of States that have a Concealed Handgun Permit agreement with North Carolina:

- Alabama
- Alaska
- Arkansas
- Florida
- Georgia
- Idaho
- Illinois
- Indiana
- Iowa
- Kentucky
- Louisiana
- Michigan
- Minnesota
- Mississippi
- Missouri
- Nevada
- North Dakota
- Oklahoma
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Utah
- Virginia
- Washington
- West Virginia
- Wyoming

**NOTE:** You must become knowledgeable of the laws of the state where you intend to possess a firearm. A positive response by a state below can be accompanied by significant, material limitations or differences of law on the possession of a concealed firearm compared to this state. Do not assume that the law in any other state will mirror that of this state.

**\*\*** If you are from a State that is not on this list, please see our publication "North Carolina Firearm Laws" for a discussion of how to transport a firearm through North Carolina. This publication also includes a list of "Do's and Don'ts" for carrying a concealed handgun in North Carolina. This information is designed as a reference guide only and should not be relied upon as legal advice. ([www.ncdog.com](http://www.ncdog.com))