

Concealed Handgun Permit Fee Schedule

1. As the processing for this permit will take approximately 30 to 45 minutes, **PLEASE CALL AND MAKE AN APPOINTMENT (252) 793-2422 Ext. 242.** A Deputy Sheriff will need to fingerprint you. All checks should be made out to Washington County Sheriff's Office.
2. You must be 21 years of age to apply for a concealed carry permit.
3. All applications need to be notarized. Please check your forms carefully to ensure that all lines are complete and the appropriate forms are notarized.

4. First Time Applications Fee.....\$ 80.00
 \$10.00 Fingerprinting
 (Additional fees may be charged by HealthPort Technologies, LLC directly billed to you)

 \$ 90.00 Total

Renewal\$ 75.00 Application
 (Additional fees may be charged by HealthPort Technologies, LLC directly billed to you)

 \$ 75.00 Total

If no Fingerprints are required the fee will be \$ 75.00

Duplicate Permit Fee \$ 15.00

5. The usual processing time for a concealed handgun permit is 45 days, this starts once all forms are received back from the facilities used to verify information.
6. Your concealed permit is printed and issued through the SBI DCI division out of Raleigh. The permits are printed once a week on Wednesdays. We will notify you when your permit is here within our office.

***PLEASE HAVE THE CORRECT AMOUNT OF MONEY NECESSARY FOR PAYMENT. NO CASH ON HAND.**

***PLEASE HAVE THE CORRECT AMOUNT OF MONEY NECESSARY FOR PAYMENT. NO CASH ON HAND.**

THIS IS YOUR COPY TO KEEP

PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT THE APPLICATION.
INFORMATION NOT FILLED OUT CORRECTLY COULD DELAY THE PROCESSING AND/OR APPROVAL OF YOU APPLICATION.

Two Forms of Identification are required to obtain a Pistol Purchase Permit:

A Valid, State Issued Driver's License or Identification Card, **and any one of the following:**

- 1) Mortgage Statement
- 2) Insurance Statement
- 3) Bank Statement
- 4) Water Bill
- 5) Electric Bill
- 6) Cable Bill
- 7) Phone Bill

The above listed Utility Bills must be no more than 2 months old.

Residency Requirement

Thirty Day Requirement: Persons who have moved to Washington County must have established residence in Washington County for a period of thirty (30) days. Proof of residency must be presented. Persons who left Washington County for a period of more than thirty days will have to re-establish residency upon their return.

Please print clearly on the application.

Once you have completed you're application, call and make an appointment to complete the application process. The phone number is 793-2422 ext. 242.

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Washington County Sheriff's Office

Johnny Barnes, Sheriff
Po Box 969
Plymouth, North Carolina 27962
Tel. (252) 793-2422 (252) 793-3716

CRITERIA FOR THE USAGE OF A CONCEALED HANDGUN PERMIT

1. Any person applying for a concealed handgun permit must be a citizen of the United States, and a resident of North Carolina.

Thirty Day Requirement: Persons who have moved to Washington County must have established residence in Washington County for a period of thirty (30) days. Proof of residency must be presented. Persons who left Washington County for a period of more than thirty days will have to re-establish residency upon their return.

2. Applicant must be at least twenty-one (21) years of age.
3. Applicant must have successfully completed an approved firearms safety and training course which involves the actual firing of a handgun and instructions in the laws governing carrying of concealed handguns and the use of deadly force.
4. Applicant must be fingerprinted by a member of the Sheriff's Office.
5. Applicant must pay a non-refundable fee of ninety (\$90.00) dollars.

Grounds for Denial

1. Any of the above criteria not met.
2. Applicant is ineligible to possess a handgun.
3. Applicant is under indictment for a crime.
4. Applicant has been adjudicated guilty of a felony.
5. Applicant is a fugitive from justice.
6. Applicant is an unlawful user, or is addicted to alcohol or any controlled substance.
7. Applicant is or has been determined to be lacking in mental capacity.
8. Applicant has been discharged from armed services other than honorable conditions.
9. Applicant has been found guilty of any crime of violence.
10. Applicant has been found guilty of impaired driving within three (3) years of submitting this application.



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Po Box 969
Plymouth, North Carolina 27962
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GROUND'S REVOCATION OF A CONCEALED HANDGUN PERMIT

1. **Fraud or intentional misrepresentation in the obtaining of a permit.**
2. **Any act or existence of a condition, which would have been, reasons for denial.**
3. **Be found guilty of any crime, which would have disqualified applicant of issuance.**
4. **Misuse of a permit, including lending or giving a permit to another person, duplicating a permit, or using a permit with the intent to unlawfully cause harm to a person or property.**

APPEAL PROCESS FOR DENIED, REVOCATION, OR NON-RENEWAL OF A PERMIT

An applicant may appeal the denial, revocation, or non-renewal of a permit by petitioning a district court judge of the district in which the application was filed. The determination by the court, on appeal, shall be upon the facts, the law, and the reasonableness of the sheriff's refusal. The determination by the court shall be final.

Permits Honored in Other States

Permit holders should know that while they can legally carry a concealed handgun while visiting these states, they're subject to the laws of the state they are visiting and are responsible for learning about those laws.

States with North Carolina Agreements

List Updated: 9-2-2012

Alabama
Alaska
Arizona
Arkansas
Colorado
Delaware
Florida
Georgia
Idaho
Indiana
Iowa
Kansas
Kentucky
Louisiana
Michigan
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire (resident permits only)
New Mexico
North Dakota
Ohio
Oklahoma
Pennsylvania
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin
Wyoming

Law enforcement can contact our law enforcement liaison attorneys at the Department of Justice at (919) 716-6500 or by fax at (919) 716-6760.

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 (See Notification on page 3)		
City	State	Zip Code	Driver's License Number (Start ID Number if no driver's license)		State
Mailing Address		Military Status	Rate	Sex	Hair
		<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A			
Telephone Number	County of Residence	Eyes	Height	Weight	Other Physical Description

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.

(Check Appropriate Boxes)

1. Are you a citizen of the United States? (1) Yes No
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 the retired law enforcement officer exception in N.C.G.S. § 14-415.12(A)? * 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 has 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 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 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 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)

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: _____ | <input type="checkbox"/> |
| 2. One full set of fingerprints administered by the Sheriff's Office | <input type="checkbox"/> | 9. Date denied Temporary Permit: _____ | <input type="checkbox"/> |
| 3. Original certificate of completion of approved firearms safety & training course | <input type="checkbox"/> | 10. Date issued Permit: _____ | <input type="checkbox"/> |
| 4. Renewal—Waiver of Application Firearm Safety & Training Course..... | <input type="checkbox"/> | Permit Number: _____ | |
| 5. Attachment(s) (specify): _____ | <input type="checkbox"/> | 11. Date denied Permit: _____ | <input type="checkbox"/> |
| 6. Temporary documentation | <input type="checkbox"/> | 12. Date submitted to SBI: _____ | <input type="checkbox"/> |
| 7. Other: _____ | <input type="checkbox"/> | 13. NICS Transaction Number (NTN): _____ | <input type="checkbox"/> |

Signature of Sheriff: _____

Original – Sheriff / Copy – SBI / Copy – Applicant

LIST OF DISQUALIFYING CRIMINAL OFFENSES

1. Harassment of and communication with jurorsN.C.G.S. § 14-225.2
2. Violation of court ordersN.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 facilitiesN.C.G.S. § 14-258.1
4. Carrying weapons on campus or other educational propertyN.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumedN.C.G.S. § 14-269.3
6. Carry weapons on state property and courthousesN.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 fireman or emergency medical services personnelN.C.G.S. § 14-276.1
9. Impersonation of a law enforcement officer or other public officerN.C.G.S. § 14-277
10. Communicating threatsN.C.G.S. § 14-277.1
11. Carry weapons at parades and other public gatheringsN.C.G.S. § 14-277.2
12. StalkingN.C.G.S. § 14-277.3
13. StalkingN.C.G.S. § 14-277.3A
14. Throwing or dropping objects at sporting eventsN.C.G.S. § 14-281.1
15. Exploding dynamite cartridges and/or bombs.....N.C.G.S. § 14-283
16. Rioting and inciting a riot.....N.C.G.S. § 14-288.2
17. Fighting or conduct creating the threat of imminent fighting or other violenceN.C.G.S. § 14-288.4(a)(1)
18. Making or using any utterance, gesture, display, or abusive language which is intended and plainly likely to provoke violent retaliation, and thereby create a breach of peaceN.C.G.S. § 14-288.4(a)(2)
19. Looting and trespassing during an emergencyN.C.G.S. § 14-288.6
20. Assault on emergency personnelN.C.G.S. § 14-288.9
21. Violations of city state of emergency ordinancesN.C.G.S. § 14-288.12
22. Violations of county state of emergency ordinancesN.C.G.S. § 14-288.13
23. Violations of state of emergency ordinances.....N.C.G.S. § 14-288.14
24. Child abuseN.C.G.S. § 14-318.2
25. Violations of the standards for carrying a concealed weaponN.C.G.S. § 14-415.21(b)
26. Misrepresentation on certification of qualified retired law enforcement officers.....N.C.G.S. § 14-415.26(d)
27. Any crime found in Chapter 14, Article 8 of the North Carolina General Statutes.

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.

Law Enforcement/Criminal Justice Use Only

Concealed Handgun Chart – Prohibited Carry Areas				
Prohibited Carry Area	Individuals Authorized Pursuant to GS 14-269(b)	Out of State of the HR 16	Concealed Carry Permit Holders GS 14-269.10	Out of State Reciprocal Carry Holders
Educational Property	YES	YES – If Secured in Vehicle <u>Unless</u> Private Educational Property is Posted.	YES – If Secured in Vehicle <u>Unless</u> Private Educational Property is Posted.	YES – If Secured in Vehicle <u>Unless</u> Private Educational Property is Posted.
Where Alcoholic Beverages are sold and consumed	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
Certain State Property & Courthouses (This does not address Legislative office properties.)	YES	YES – If Secured in Vehicle	YES – If Secured in Vehicle	YES – If Secured in Vehicle
Parades or Funeral Processions	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
Picket lines, Private Health Care Facilities	YES	NO	NO	NO
Posted Property	See note below	NO	NO	NO
Law Enforcement or Correctional Facility	YES	NO	NO	NO
Federal Property	NO	NO	NO	NO
While consuming alcohol or while alcohol or controlled substance is in the blood	NO	NO	NO	NO
Assembly where admission is charged	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
State owned rest area	YES	YES	YES	YES
Posted local government recreational facilities	YES	NO	NO	NO

A "YES" in the block indicates the person in that category can carry in the establishment listed.
 A "NO" in the block indicates the person in that category cannot carry in the establishment listed.

NOTE: While carrying in this area may not be in violation of our concealed carry statutes, it may constitute a trespass violation in certain circumstances.

Effective 8/1/2013

Revised 02/23/2014

STATE OF NORTH CAROLINA

WASHINGTON County

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

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
TRILLIUM HEALTH RESOURCES	144 COMMUNITY COLLEGE ROAD, AHOSKIE, NC 27910-9320
	ATTN: JENNIFER COSTON-FAX-910-550-2665

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.

Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. 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.

SWORN AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
Title		
Date Commission Expires		

SEAL

North Carolina Department of
Human Resources

Authorization To Release Information

Client Name (Last, First, Middle or Maiden Name)	Social Security Number	Date of Birth
Name/Address of Agency, Organization, Individual Which Possesses Information to be Released	Name/Address of Agency, Organization or Individual To Whom Information is to be Released	
Cherry Hospital Caller Box 8000 Goldsboro, NC 27533 Attention: Medical Records / Correspondence	Washington County Sheriff's Office P.O. Box 969 Plymouth, NC 27962	
Information Requested (Specify the nature and extent of information to be released)	Purpose(s) or need for which the information is to be used.	
Information specific to Mental Health Services	Concealed Weapon Permit Application	

I hereby request and authorize the above named agency, organization or individual which possesses information relative to the client named above to release information, as specified, to the agency named on this request. I understand that the information to be released may include information regarding drug use, alcohol use, sickle cell anemia, psychological or psychiatric impairments and AIDS or HIV test results if applicable.

I certify that this authorization is made freely, voluntarily and without coercion. I understand that the information to be released is protected under state and federal law. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will automatically expire upon satisfaction of the need for disclosure.

A PHOTOCOPY OF THIS AUTHORIZATION MAY BE CONSIDERED AS VALID AS THE ORIGINAL.

Signature of Client

Signature of Legally Responsible Person
(When Required)

Signature of Witness

Date

_____ A search of our medical records revealed that the above named individual does not have a medical record associated with Cherry Hospital, Goldsboro, NC.

_____ A search of our medical records revealed that the above named individual does have a medical record associated with Cherry Hospital, Goldsboro, NC.

Information Checked By:

Signature

Date



NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION

ROY COOPER
ATTORNEY GENERAL

PO DRAWER 149
RALEIGH
27602-0149
PHONE: (919) 661-5980 • FAX: (919) 779-3210

STEVEN G. COMBS
DIRECTOR

CARRY CONCEALED HANDGUN INSTRUCTOR EVALUATION FORM

Please complete this evaluation form so the Division may evaluate the training course conducted by the Concealed Carry Handgun (CCH) Instructor. Completing this form is voluntary.

County of Application for the CCH Permit: _____

Date of your Concealed CCH Instruction: _____

The location of the CCH Class: _____

Name of the CCH Instructor: _____

Time the class began: _____ Time the class ended: _____

Were you informed of the N.C. Firearms Laws and Use of Deadly Force: Yes No

How long was the legal block of N.C. Firearms Laws and Use of Deadly Force: _____

Did you receive instruction pertaining to revolvers and semi-automatics: Yes No

Did you qualify with a firearm after the classroom portion of the CCH class: Yes No

How many rounds of ammunition were used in the qualification portion of the class: _____

Would you recommend the instructor to other prospective CCH Students: Yes No

Please feel free to address any concerns or make any comments regarding the quality of the class and the CCH Instructor:

Please include your contact information in case we need to follow-up with you on this evaluation:

Your Name _____

Email _____

Telephone _____

THE DO'S AND DON'TS OF CARRYING A CONCEALED HANDGUN

1. Your permit to carry a concealed handgun **must** be carried along with valid identification whenever the handgun is being carried concealed.
2. When approached or addressed by any officer, you **must** disclose the fact that you have a valid concealed handgun permit and inform the officer that you are in possession of a concealed handgun. You should **not** attempt to draw or display either your weapon or your permit to the officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.
3. At the request of any law enforcement officer, you **must** display both the permit and valid identification.
4. You **may not**, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any substance, controlled or otherwise, is in your blood unless the substance was obtained legally and taken in therapeutically appropriate amounts.
5. You **must** notify the Sheriff who issued the permit of any address change within thirty (30) days of the change of address.
6. If a permit is lost or destroyed, you **must** notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do **not** carry a handgun without it.
7. Even with a permit, you may **not** carry a concealed handgun in the following areas:
 - a) Any law enforcement or correctional facility;
 - b) Any space occupied by state or federal employees;
 - c) Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
 - d) Educational property;
 - e) Areas of assemblies, parades, funerals, or demonstrations;
 - f) Places where alcoholic beverages are sold and consumed;
 - g) State occupied property;
 - h) Any state or federal courthouse;
 - i) Any area prohibited by federal law;
 - j) Any local government building if the local government had adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
8. If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do **not** remove your hands from the wheel until instructed to do so by the officer.

I, _____, have read and understand the Do's and Don'ts of carrying a concealed handgun, and the Disqualifying Criminal Offenses pursuant to N.C. General Statute § 14-415.12 (b)(8).

Signature _____, Date _____

Witness: _____, Date _____

Washington County Sheriff's Office
Johnny Barnes, Sheriff
Po Box 969
Plymouth, North Carolina 27962
Tel. (252) 793-2422 (252) 793-3716

APPLICATION FOR PISTOL / CONCEALED HANDGUN PERMITS

I, the undersigned, hereby make application for a permit to purchase a pistol in compliance with Article 52A Chapter 14, Criminal Laws of North Carolina.

NAME (First) _____ (Middle) _____ (Last) _____

(Maiden; if applicable) _____

RACE _____ SEX: MALE / FEMALE AGE _____ D.O.B. _____
CIRCLE ONE

BIRTHPLACE (City, State, Country) _____

DRIVERS LICENSE # _____ SOCIAL SECURITY # _____ - _____ - _____

HGT _____ WGT _____ EYES _____ HAIR _____

MARRIED _____ SINGLE _____ DIVORCED _____

PRESENT ADDRESS _____ CITY _____ STATE _____ HOW LONG? _____

PRVIOUS ADDRESS _____ CITY _____ STATE _____ HOW LONG? _____

FORMER ADDRESS _____ CITY _____ STATE _____ HOW LONG? _____

PRESENT EMPLOYER _____

OCCUPATION _____

HOME PHONE _____ WORK PHONE _____

1. Do you have a valid Concealed Carry Permit in the State of North Carolina? Yes _____ No _____
2. Are you a resident of Washington County? Yes _____ No _____
3. Have you ever been convicted in any court, in any state, of a crime punishable by imprisonment for a term exceeding one year? Yes _____ No _____

4. Are you under indictment, or have you been convicted, of any felony in this, or any other state? Yes _____ No _____
5. Are you a fugitive from justice? Yes _____ No _____
6. Have you ever suffered from a mental disorder? Yes _____ No _____
7. Have you been found incompetent in any court or administrative proceeding? Yes _____ No _____
8. Have you ever been treated for a mental condition or been voluntarily or involuntarily committed to any mental institution? If yes, please give explanation on the back. Yes _____ No _____
9. Have you ever been a member of the Armed Forces? If so, which branch? _____ Yes _____ No _____
10. Have you been dishonorably discharged from the Armed Forces? If yes, please give explanation on back. Yes _____ No _____
11. Are you currently on active probation? This includes supervised and/or unsupervised. If yes, give explanation on back. Yes _____ No _____
- **NOTE** If you have been in the military, you must include a copy of your DD-214.**
12. Why do you want a pistol? _____
13. Have you ever been convicted of or pled guilty to any crime of domestic violence? Yes _____ No _____
14. Are you currently subject to a restraining order, protective order, or domestic violence order that prohibits you from harassing, stalking, injuring, or threatening another person? If yes, provide date, city, county, and state where the order was issued and expiration date of the order on the back. Yes _____ No _____
15. Are you currently subject to a court order that prohibits you from purchasing and/or possessing a handgun or other firearm? Yes _____ No _____

Prohibitions applicable to certain aliens. Federal law makes it unlawful for aliens who are illegally or unlawfully in the United States to receive or possess firearms. In addition, subject to certain exemptions, aliens who are in a non-immigrant status are prohibited from possessing or receiving firearms in the United States.

A non-immigrant alien is not subject to this prohibition if the alien:

1. is in possession of a valid hunting license or permit lawfully issued in the United States;
2. is an official representative of a foreign government who is accredited to the United States Government or his or government's mission to an international organization having its headquarters in the United States; or
3. has received a waiver from the prohibition from the Attorney General of the United States. See 18 USC 922(y)(2) for additional exceptions. In order to determine whether applicants who are not U.S. Citizens are prohibited from possessing firearms under Federal Law, it is necessary to obtain answers to the following questions:

16. Are you a citizen of the United States? Yes _____ No _____

If the answer to Question 16 is "yes", there is no need to answer Questions 17-21.

17. What is your country of citizenship? List more than one if applicable.

18. What is your ICE issued alien number or admission number?

19. Are you an alien illegally in the United States? Yes _____ No _____

20. Are you a non-immigrant alien? Yes _____ No _____

21-A. Do you fall within any of the exemptions to the non-immigrant alien prohibitions set forth in 18 USC 922(y)? Yes _____ No _____

21-B. If you answered "yes" to Question 21-A, under which exemption do you fall? Please attach documentation to support your entitlement to the claimed exemption, if applicable.

**THE FOLLOWING INFORMATION TO BE COMPLETED BY SHERIFF'S
OFFICE PERSONAL**

Criminal History Checked By: _____

"Pin" Records Checked By: _____

NTN Number: _____

Approved By: _____ Date: _____