



# Washington County Sheriff's Office

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

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

Two (2) Forms of Identification are required to obtain a Concealed Pistol Permit:

**A Valid, State Issued Driver's License or Identification Card with your current physical address, 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 bills must be no more than 2 months old and match the address on your License/Identification Card.

## **Residency Requirement**

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

**THERE ARE NO REFUNDS FOR ANY CONCEALED GUN PERMITS or PERMITS TO PURCHASE APPLICATIONS. \*\*\*\*\*FEES ARE PAYABLE IN CASH ONLY.\*\*\*\*\***

**IF YOUR APPLICATION IS FOR A NEW CONCEAL PERMIT, NOT A RENEWAL, YOU WILL NEED TO CALL AND MAKE AN APPOINTMENT TO COMPLETE THE APPLICATION PROCESS. ALL INFORMATION REQUESTED ON THE APPLICATION IS TO BE COMPLETED BY YOU AND PLEASE PRINT CLEARLY.**

**FOR SCHEDULING/OR QUESTIONS FEEL FREE TO CONTACT WASHINGTON COUNTY SHERIFF'S OFFICE (252)793-2422 AND ASK FOR MICHELE**



**Washington County Sheriff's Office**

**SHERIFF JOHNNY BARNES**

Post Office Box 969

Plymouth, NC 27962

(252)793-2422

**APPLICATION FOR PISTOL/CONCEALED HANDGUN PERMITS**

I, the undersigned, hereby make application for a Pistol/Concealed Handgun Permit in compliance with Article 52A Chapter 14, Criminal Laws of North Carolina.

NAME (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

(Maiden; if applicable) \_\_\_\_\_

RACE \_\_\_\_\_ Sex: Male/Female (circle one) Age \_\_\_\_\_ DOB \_\_\_\_\_

BIRTHPLACE (City,State,Country) \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HGT \_\_\_\_\_ WGT \_\_\_\_\_ EYES \_\_\_\_\_ Hair \_\_\_\_\_

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

HOW LONG \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

HOW LONG \_\_\_\_\_

**FORMER ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

HOW LONG \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**Occupation** \_\_\_\_\_

HOME/CELL 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 illness? 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? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you been dishonorably discharged from the Armed Forces? If yes, give explanation on back. Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*\*NOTE IF YOU HAVE BEEN IN THE MILITARY, YOU MUST INCLUDE A COPY OF YOUR DD-124**

11. Are you currently on active probation? This includes supervised and /or unsupervised. If yes, give explanation on back. Yes \_\_\_\_\_ No \_\_\_\_\_
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:

- Is in possession of a valid hunting license or permit lawfully issued in the United States.
- Is an official representative of a foreign government who is accredited to the United States Government or his government's mission to an international organization having its headquarters in the United States; or
- 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 this question 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 \_\_\_\_\_

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





# Washington County Sheriff's Office

Johnny Barnes, Sheriff  
PO Box 969 120 Adams Street  
Plymouth, North Carolina 27962  
Tel. (252) 793-2422 Fax: (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 (30) Day Requirement: Persons who have moved to Washington County must have established residence in Washington County for 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 law 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.

## **GROUND 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 ever 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.

## **GROUND FOR 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, duplication a permit or using a permit with the intent to unlawfully cause harm to a person or property.

**APPEAL PROCESS FOR DENIED, REVOCATION OR RENEWAL OF A PERMIT**

An applicant may appeal the denial, revocation or non-renewal of a permit by petitioning a district county 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.



# 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 (State ID Number if no driver's license)			State
Mailing Address			Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A		Race ▶ See below for code	Sex
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.

(Check Appropriate Boxes)

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 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 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.

<b>SWORN TO AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature of Person Authorized to Administer Oaths	Signature of Applicant
Title	<p style="text-align: center;"><b>CAUTION</b></p> <p>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.</p>	
Date Commission Expires		
<b>SEAL</b>		

**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 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*

<b>STATE OF NORTH CAROLINA</b>  _____ County	<b>RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT</b>	
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
CLERK OF COURT	WASHINGTON COUNTY ATTN: KEITH PHELPS

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.

<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		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

STEVEN G. COMBS  
DIRECTOR

PHONE: (919) 661-5980 • FAX: (919) 779-8210

**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:
  1. Any law enforcement or correctional facility;
  2. Any space occupied by state or federal employees;
  3. Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
  4. Public educational property, however a permittee may secure a handgun in a locked vehicle;
  5. Areas of assemblies or demonstrations;
  6. State occupied property;
  7. Any State or federal courthouse;
  8. Any area prohibited by federal law;
  9. 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 \_\_\_\_\_



## LIST OF DISQUALIFYING CRIMINAL OFFENSES

► **NOTE:** *Effective July 1, 2015 for all CHP applications – an applicant who has been found guilty of or received a prayer for judgment continued or a suspended sentence for one of the offenses listed in 1-20, AND THREE YEARS HAS PASSED PRIOR TO SUBMITTING THE APPLICATION, can receive a Concealed Handgun Permit.*

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. Carry 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..... N.C.G.S. § 14-288.12
17. Violations of County state of emergency ordinances..... N.C.G.S. § 14-288.13
18. Violations of State of emergency ordinances..... N.C.G.S. § 14-288.14
19. Violations of the standards for carrying a concealed weapon ..... N.C.G.S. § 14-415.21(b)
20. Misrepresentation on certification of qualified retired law enforcement officers ..... N.C.G.S. § 14-415.26(d)

► **NOTE:** *Offenses listed in 21-32 are permanent disqualifiers for a Concealed Handgun Permit.*

21. Assault inflicting serious injury or using deadly force..... N.C.G.S. § 14-33(c)(1)
22. Assault on a female ..... N.C.G.S. § 14-33(c)(2)
23. Assault on a child under the age of 12..... N.C.G.S. § 14-33(c)(3)
24. 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)
25. Stalking ..... N.C.G.S. § 14-277.3A
26. Child abuse ..... N.C.G.S. § 14-318.2
27. Domestic criminal trespass..... N.C.G.S. § 14-134.3
28. Domestic violence protective order violations..... N.C.G.S. § 50B-4.1
29. Stalking ..... Former N.C.G.S. § 14-277.3
30. Any person convicted of a "misdemeanor crime of domestic violence" as defined in federal law at 18 USC 922(g)(8).
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 1-20).
33. Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-20).

► **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.



**Concealed Handgun Chart – Prohibited Carry Areas**

<b>Prohibited Carry Area</b>	<b>Individuals Authorized Pursuant to GS 14-269(b)</b>	<b>Out-of-State Officer HR 218</b>	<b>Concealed Carry Handgun Permittee GS 14-415.10</b>	<b>Out-of-State Reciprocal Concealed Carry Handgun</b>
Educational Property	YES	YES – If Secured in Vehicle	YES – If Secured in Vehicle or on the permittee who remains in the locked vehicle	YES – If Secured in Vehicle or on the permittee who remains in the locked vehicle
Posted Private Education Property	YES	NO	NO	NO
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.



## Disqualifying Offense Chart

<b><u>Federal Prohibitions</u></b>		<b>Permit to Purchase</b>	<b>Concealed Handgun Permit</b>
1	<p>Convicted of a "Crime Punishable by Imprisonment for a Term Exceeding 1 Year"  <i>Note 1: This term does <b>not</b> include federal or State crimes for antitrust violations, restraints of trade or unfair trade practices. This term <b>only</b> includes misdemeanors if the misdemeanors carry a term of imprisonment of <b>over</b> 2 years.</i></p> <p><i>Note 2: A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.</i></p>	Prohibitor	Prohibitor
2	Fugitive from Justice	Prohibitor	Prohibitor
3	Unlawful Users of/or Addicted to Any Controlled Substance	Prohibitor	Prohibitor
4	Adjudicated as Mental Defectives or Have Been Involuntarily Committed to a Mental Institution	Prohibitor	Prohibitor
5	Are Aliens and Are Illegally or Unlawfully in the United States	Prohibitor	Prohibitor
6	Dishonorable Discharge (DD) or Dismissal from the Armed Forces that is Executed	Prohibitor	Prohibitor
7	Renounced Their Citizenship	Prohibitor	Prohibitor
8	<p>Subject to a court order:</p> <ul style="list-style-type: none"> <li>a. Issued after a hearing of which the person received actual notice and had an opportunity to participate; and,</li> <li>b. Restrains the person from harassing, stalking, or threatening an intimate partner of the person or child of the intimate partner of the person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and,</li> <li>c. Finds the person represents a credible threat to the physical safety of the intimate partner or child; <b>OR</b>                      By its terms expressly prohibits the use, attempted use, or threatened use of physical force against an intimate partner or child that would reasonably be expected to cause bodily injury.</li> </ul>	Prohibitor	Prohibitor
9	Convicted in any court of a "Misdemeanor Crime of Domestic Violence"	Prohibitor	Prohibitor
10	<p>Under Indictment or Information for a "Crime Punishable by Imprisonment for a Term Exceeding 1 Year"  <i>Note 1: See explanation in Item 1 above.</i></p>	Prohibitor	Prohibitor

<b><u>State Prohibitions</u></b>		<b>Permit to Purchase</b>	<b>Concealed Handgun Permit</b>
1	Applicant is ineligible to own, possess, or receive firearm under State or Federal Law.	Prohibitor	Prohibitor
2	Adjudicated as Mental Defectives or been Involuntary Committed to a Mental Institution.	Prohibitor	Prohibitor
3	Adjudicated by a court or administratively determined by a governmental agency whose decisions are subject to judicial review to be, lacking mental capacity or mentally ill. Receipt of previous consultative services or outpatient treatment alone shall not disqualify an applicant under this subdivision.	N/A	Prohibitor
3a	Mental or Physical Infirmary that Prevents the Safe Handling of a Handgun	N/A	Prohibitor
4	Sheriff <b>NOT</b> satisfied as to Good Moral Character of applicant	Prohibitor	N/A
5	Sheriff <b>NOT</b> satisfied that applicant desires weapon for 1) protection of the home, business, person, family or property, 2) target shooting, 3) collecting, or 4) hunting.	Prohibitor	N/A
6	Dishonorable Discharge (DD) or Dismissal from the Armed Forces that is Executed	Prohibitor	Prohibitor
7	Discharged with an Under Other than Honorable Conditions Discharge (UOTHC) or Bad Conduct Discharge (BCD) from the Armed Forces	N/A	Prohibitor



<b><u>State Prohibitions</u></b>		<b>Permit to Purchase</b>	<b>Concealed Handgun Permit</b>
8	Under Indictment for or a Finding of Probable Cause Exists for a Felony	Prohibitor	Prohibitor
9	Convicted of a Felony for Purposes of a Permit to Purchase a Handgun <i>Note: If felony is for antitrust violations, restraints of trade or unlawful trade practices, they may possess firearms. If the applicant has been pardoned and the pardon does not prohibit the possession of firearms they may possess firearms. If firearms rights are restored under 14-415.4, they may possess firearms. You may contact the Law Enforcement Liaison Section of the N.C. Department of Justice at (919) 716-6725 for further guidance.</i>	Prohibitor	N/A
10	Convicted of a Felony for Purposes of a Concealed Handgun Permit <i>Note: If felony is for antitrust violations, restraints of trade or unlawful trade practices, they may possess firearms. If firearm rights are restored under 14-415.4, they may receive a Concealed Handgun Permit.</i>	N/A	Prohibitor
11	Convicted of an Impaired Driving Offense Under N.C.G.S.20-138.1, 20-138.2 or 20-138.3 Within 3 Years Prior to the Date of Application submission	N/A	Prohibitor
12	Has Been Adjudicated Guilty or Received Prayer for Judgment Continued or Suspended Sentence for a "Crime of Violence Constituting a Misdemeanor"	N/A	Prohibitor
13	Has had an entry of prayer for judgment continued for a criminal offense which would disqualify the person from obtaining a Concealed Handgun Permit	N/A	Prohibitor
14	Is free on bond or personal recognizance pending trial, appeal or sentencing for a crime which would disqualify him from obtaining a Concealed Handgun Permit	N/A	Prohibitor
15	Fugitive from Justice	Prohibitor	Prohibitor
16	Unlawful user of, or addicted to marijuana, or any depressant, stimulant or narcotic drug, or any other controlled substance as defined in 14-404(c)(3)	Prohibitor	Prohibitor
17	Unlawful user of, or addicted to alcohol	N/A	Prohibitor
18	Active Probation (supervised or unsupervised) for any level of offense, unless the court allows the possession of firearms 15A-1343(b)(5)	Prohibitor	Prohibitor
19	Assaults on Handicapped Persons 14-32.1(f)	N/A	Prohibitor
20	Assault on Sports Officials 14-33(b)(9)	N/A	Prohibitor
21	Assault Inflicting Serious Injury or Using a Deadly Weapon 14-33(c)(1)	N/A	Prohibitor
22	Assault on a Female 14-33(c)(2)	N/A	Prohibitor
23	Assault a Child Under the Age of 12 14-33(c)(3)	N/A	Prohibitor
24	Assault on Government Employees 14-33(c)(4)	N/A	Prohibitor
25	Assault on School Employees 14-33(c)(6)	N/A	Prohibitor
26	Assault on Public Transit Operators 14-33(c)(7)	N/A	Prohibitor
27	Assault on Company Police Officers 14-33(c)(8)	N/A	Prohibitor
28	Assault inflicting serious injury or using a deadly weapon on a person in a personal relationship and in the presence of a minor 14-33(d)	N/A	Prohibitor
29	Assaulting by Pointing Gun 14-34	N/A	Prohibitor
30	Possession of Teflon Coated Bullets 14-34.3	N/A	Prohibitor
31	Stalking 14-277.3A	N/A	Prohibitor
32	Child Abuse 14-318.2	N/A	Prohibitor
33	Domestic Criminal Trespass 14-134.3	N/A	Prohibitor
34	Domestic Violence Protective Order Violations 50B-4.1	N/A	Prohibitor
35	Stalking ~ Former 14-277.3	N/A	Prohibitor
36	Any crimes involving an 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	N/A	Prohibitor



<b>State Prohibitions</b>		Permit to Purchase	Concealed Handgun Permit
<b>** Asterisk Indicates the Three Year Rule from Date of Conviction Applies <u>only</u> to CHP **</b>			
	<b>Has Been Adjudicated Guilty or Received Prayer for Judgment Continued or Suspended Sentence for a Violation of any of the following statutes:</b>		
37**	<b>Simple Assaults or Affray 14-33(a)</b>	N/A	<b>**Prohibitor**</b>
38**	<b>Violation of Court Orders 14-226.1</b>	N/A	<b>**Prohibitor**</b>
39**	<b>Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition or alcoholic beverages to inmates of charitable, mental or penal institutions or local confinement facilities 14-258.1</b>	N/A	<b>**Prohibitor**</b>
41**	<b>Carrying Weapons on Campus or Other Education Property 14-269.2</b>	N/A	<b>**Prohibitor**</b>
42**	<b>Carrying Weapons into assemblies and establishments where alcoholic beverages are sold and/or consumed 14-269.3</b>	N/A	<b>**Prohibitor**</b>
43**	<b>Carrying Weapons on State Property and Courthouses 14-269.4</b>	N/A	<b>**Prohibitor**</b>
44**	<b>Possession and Sale of Spring-Loaded Projectile Knives 14-269.6</b>	N/A	<b>**Prohibitor**</b>
45**	<b>Impersonation of a Law Enforcement Officer or Other Public Officer 14-277</b>	N/A	<b>**Prohibitor**</b>
46**	<b>Communicating Threats 14-277.1</b>	N/A	<b>**Prohibitor**</b>
47**	<b>Carrying Weapons at Parades and Other Public Gathering 14-277.2</b>	N/A	<b>**Prohibitor**</b>
48**	<b>Exploding Dynamite Cartridges and/or Bombs 14-283 (except fireworks violations under 14-414)</b>	N/A	<b>**Prohibitor**</b>
49**	<b>Riot and Inciting to Riot 14-288.2</b>	N/A	<b>**Prohibitor**</b>
50**	<b>Fighting or Conduct Creating a Threat of Imminent Fighting or Other Violence 14-288.4(a)(1)</b>	N/A	<b>**Prohibitor**</b>
51**	<b>Looting and Trespassing During an Emergency 14-288.6</b>	N/A	<b>**Prohibitor**</b>
52**	<b>Assault on Emergency Personnel 14-288.9</b>	N/A	<b>**Prohibitor**</b>
53**	<b>Violations of City State of Emergency Ordinances 14-288.12</b>	N/A	<b>**Prohibitor**</b>
55**	<b>Violations of County State of Emergency Ordinances 14-288.13</b>	N/A	<b>**Prohibitor**</b>
55**	<b>Violations of State of Emergency Ordinances 14-288.14</b>	N/A	<b>**Prohibitor**</b>
56**	<b>Violations of the Standards for Carrying a Concealed Weapon 14-415.21(b)</b>	N/A	<b>**Prohibitor**</b>
57**	<b>Misrepresentation on Certification of Qualified Retired Law Enforcement Officers 14-415.26</b>	N/A	<b>**Prohibitor**</b>

Revised June 26, 2019

**\*\*** Effective July 1, 2015 for all Concealed Handgun Permit applications submitted on or after that date, an applicant who has been found guilty of or received a prayer for judgment continued or a suspended sentence, and **THREE YEARS HAS PASSED PRIOR TO SUBMITTING THE APPLICATION, can** (if otherwise qualified) received a Concealed Handgun Permit. (Applicable to items 37-57)