



MARION COUNTY SHERIFF'S OFFICE
 ATTN: PISTOL PERMITS
 P.O. BOX 1387 HAMILTON, AL 35570

PISTOL PERMIT APPLICATION

STATE OF ALABAMA



Read the following carefully and provide complete and accurate information. **It is a crime to make a false statement or report to law enforcement.** (Title 13A-10-109, Code of Alabama, 1975). A criminal history background check will be conducted on each applicant.

WE DO NOT ACCEPT DEBIT/CREDIT CARDS
DO NOT SEND ANY FORM OF PAYMENT IN THE MAIL

Full Name: _____
 Maiden Name(s) or Alias: _____
 County of Residence: _____
 Physical Address: _____

Requesting permit for? Circle one! 1YR=\$15 2YR=\$30 3YR=\$45 4YR=\$60 5YR=\$75
 PO BOX# _____
 Apt# _____

City _____ State _____ Zip Code _____
 Phone Numbers: Home: _____ OR Cell: _____

Age: _____ Date of Birth: _____ / _____ / _____ State of Birth: _____
 Sex: _____ Male _____ Female _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
 Are you a U.S. Citizen? Yes No

Driver's License Number: _____ State _____ Number _____ Other State I.D.: _____ State _____ Number _____

Social Security Number: _____ - _____ - _____ Is the address on your Drivers License a Marion County address? Yes No

Yes No Have you ever had a pistol permit? If so, where and when?
 Yes No Have you ever had a pistol permit revoked or denied? If so, where and when?
 Yes No Have you **ever** been arrested? **(EVEN IF IT WAS DISMISSED!)**

Yes No Are you now or have you **ever** had a **Protection from Abuse Order** served to you?
 Yes No Are you now or have you **ever** been convicted of a crime?
 Yes No Are you now or have you **ever** been under an indictment?
 Yes No Are you now or have you **ever** been treated for a mental illness or substance abuse (drugs/alcohol)?
 Yes No Are you now or have you **ever** been under a **Restraining Order** to prevent endangering yourself or others?
 Yes No Are you awaiting trial as a defendant in any criminal case?

Yes No Have you been found guilty by reason of mentally illness in a criminal case?
 Yes No Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect?
 Yes No Have you been declared incompetent to stand trial in a criminal case?
 Yes No Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect?
 Yes No Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice?

Yes No Have you required involuntary outpatient treatment in a psychiatric hospital or similar treatment facility based on a finding that you are an imminent danger to yourself or to others?
 Yes No Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use?
 Yes No Have you been the subject of a prosecution or of a commitment or incompetency proceeding that could lead to a prohibition on the receipt or possession of a firearm under the laws of Alabama or the United States?

If you answered YES to any of the questions above, please use the space below to provide dates and places of arrests or treatment, charges, agency involved and dispositions.

I certify that my answers are true, complete and correct and I understand this application will be rejected if any information is found to be false or misleading.
 Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

APPROVED: _____ FEE FOR PERMIT \$ _____
 DISAPPROVED: _____ AUTHORIZED SIGNATURE: _____
 NIC# _____ AC/JIC _____ NICS _____ TRANSACTION # _____ OTHER _____