

| | | | | | |
|------------------|---------------------|--|---|---|----------------------------|
| Street Address | | <input type="checkbox"/> DUPLICATE | | <input type="checkbox"/> EMERGENCY TEMPORARY PERMIT | |
| City | | Date of Birth | Social Security Number (See Notification on page 3) | | |
| 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 | Race |
| | | <input type="checkbox"/> Discharged | <input type="checkbox"/> Retired | <input type="checkbox"/> N/A | Sex |
| 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): | |
| | | 14. | <input type="checkbox"/> |

Signature of Sheriff: _____

Original – Sheriff / Copy – SBI / Copy – Applicant

STATE OF NORTH CAROLINA

_____ 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

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

Signature of Applicant

Oaths

Title

Date Commission Expires

AOC-SP-914M

New 12/95

SEAL