Today’s Date       FAX NUMBER: (205) 302-6100 EMAIL: pistolpermit@walkercountysheriff.com

If you have been convicted of a crime of violence, it is unlawful for you to possess a pistol. The law prohibits the Sheriff of one county from issuing a license to a resident of another county, therefore if you are not a full-time resident of Walker County, Alabama, DO NOT APPLY.

To the honorable John Mark Tirey, Sheriff of Walker County, Alabama, I hereby apply for a license to carry a revolver or pistol concealed on my person or in a vehicle for a period of one (1) year for my personal protection.

**LICENSE FEE: $15.00 MAKE OR MODEL OF PISTOL OR REVOLVER IS UNRESTRICTED**

FIRST NAME       MIDDLE       LAST NAME

Phone:       DOB:       AGE:       SEX: M [ ]  / F [ ]  Height:       Weight:

Race:       Eyes:       Hair:       SSN:       Occupation:

Address:       How long have you lived in Walker County?

Employer:       Work Phone:

Mother’s Maiden Name:       Address:

Father’s Name:       Address:

Do you work where alcoholic beverages are sold or dispensed? NO [ ]  / YES[ ]

Have you ever had a pistol permit? NO[ ]  / YES[ ]  If yes, when?

Have you ever been arrested for **ANY** crime or offense including misdemeanors, felonies, & traffic violations ? NO[ ]  /

YES[ ]  If yes, when?

Are you presently on strike? NO[ ]  / YES[ ] Is your employer having labor trouble? NO[ ]  / YES[ ]  If yes, what kind

of trouble?

Name three (3) character references that are residents of Walker County:

1. Name:       Address:       Employer:

2. Name:       Address:       Employer:

3. Name:       Address:       Employer:

APPLICANT’S SIGNATURE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE / DO NOT WRITE BELOW THIS LINE / DO NOT WRITE BELOW THIS LINE\_\_\_\_\_\_\_**

Date record checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checked By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Record? NO[ ]  / YES[ ]

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need Disposition? NO[ ]  / YES[ ]