WALKER COUNTY SHERIFF'S OFFICE PISTOL PERMIT APPLICATION (please read carefully before completing application)

Today's Date	FAX NUMBER: (205) 302-6100 OR (205) 302-6101		
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 or person or in a vehicle for a period of one (1)		by apply for a license to carry a revolver o	r pistol concealed on my
LICENSE FEE: \$15.00 MAKE OR MODEL OF PISTOL OR REVOLVER IS UNRESTRICTED			
FIRST NAME	MIDDLE NAME	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 reference NAME		er County:	MPLOYER
1			
2			
3			
APPLICANT'S SIGNATURE :			
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 ____