WALKER COUNTY SHERIFF’S OFFICE

**PISTOL PERMIT APPLICATION**

STATE OF ALABAMA, SHERIFF JAMES E. UNDERWOOD

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).

A criminal history background check will be conducted on each applicant.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle*

Social Security Number: \_\_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_\_\_\_

Other Names You Have Been Known By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requesting permit for \_\_\_\_\_\_ years (you may apply for up to five [5] years)

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Not a P.O. Box) *Street Number Apartment Number Street Name City State Zip Code*

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address City State Zip Code*

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Cell Phone Home Phone Work Phone*

Are you a U.S. Citizen?

Place of Birth (City, State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No

Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other State ID: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*State License Number State License Number*

(**PLEASE PUT YOUR INITIALS BESIDE YOUR ANSWER**)

\_\_\_\_\_YES \_\_\_\_\_NO Have you ever had a pistol permit ? If yes, where and when ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_YES \_\_\_\_\_NO Have you ever been convicted of a crime?

\_\_\_\_\_YES \_\_\_\_\_NO Have you ever had a pistol permit denied or revoked? If so, where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_YES \_\_\_\_\_NO Are you now or have you ever been under an indictment by a Grand Jury?

\_\_\_\_\_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 or protection 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 mental 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 if found to be false or misleading.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY**

APPROVED:\_\_\_\_\_\_\_\_\_ (INITIALS) FEE FOR PERMIT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DENIED: \_\_\_\_\_\_\_\_\_ (INITIALS) AUTHORIZED SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCIC: ACJIC: NICS: PERMIT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE APPROVED/DENIED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_