



# WALKER COUNTY SHERIFF'S OFFICE PISTOL PERMIT APPLICATION



**Read the following carefully. 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). You must apply in the county you live in. 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 Street Name Apartment Number City State Zip Code

Mailing Address: (If a P.O. Box or different than above)

Address City State Zip Code

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

Phone Numbers: \_\_\_\_\_  
Cell Phone Home Phone Work Phone

Are you a U.S. Citizen?  Yes  No Place of Birth (City, State): \_\_\_\_\_

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

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

WILL YOU BE PAYING ONLINE? \_\_\_\_ YES \_\_\_\_ NO IF SO, WHAT NAME IS CARD IN? \_\_\_\_\_

FOR OFFICIAL USE ONLY: NTN \_\_\_\_\_ FBI \_\_\_\_\_ SID \_\_\_\_\_

MRI \_\_\_\_\_