



WALKER COUNTY SHERIFF'S OFFICE PISTOL PERMIT APPLICATION



STATE OF ALABAMA, SHERIFF NICK SMITH
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

Place of Birth (City, State): _____ Are you a U.S. Citizen? 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 is 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: _____