



Nick Smith
Sheriff

Cell: (205) 522-6112

PISTOL PERMIT RENEWAL APPLICATION

FOR THE STATE OF ALABAMA
COUNTY OF WALKER

Walker County
Office of Sheriff
2001 2nd Avenue
Jasper, AL 35501
walkercountysheriff.com

NOTE: ALL HIGHLIGHTED AREAS MUST BE COMPLETE TO RUN BACKGROUND CHECK

CURRENT PISTOL PERMIT# _____ **COUNTY OF RESIDENCE:** _____

NAME: _____
 LAST NAME **FIRST** **MIDDLE**

PHYSICAL ADDRESS: _____
 (NO P.O. BOXES) **STREET** **CITY** **STATE** **ZIP CODE**

MAILING ADDRESS: _____
 (IF A P.O. BOX OR DIFFERENT THAN ABOVE) **STREET** **CITY** **STATE** **ZIP CODE**

DATE OF BIRTH: _____ **RACE:** _____ **GENDER: MALE** _____ **FEMALE** _____

PHONE: _____ **SOCIAL SECURITY #:** _____

(MUST HAVE ENTIRE SOCIAL TO RUN BACKGROUND)

IS ANY OF THIS INFORMATION NEW, UPDATED FROM THE PREVIOUS PERMIT? YES _____ NO _____

IF YES, PLEASE LIST: _____

HAVE YOU BEEN ARRESTED FOR ANY CRIME SINCE YOUR CURRENT PERMIT WAS ISSUED? YES _____ NO _____

IF YES, PLEASE, LIST CHARGES: _____

HAVE YOU BEEN TREATED FOR MENTAL ILLNESS OR SUBSTANCE ABUSE SINCE YOUR CURRENT PERMIT HAS BEEN ISSUED?

YES _____ NO _____ **IF YES, PLEASE, LIST TREATMENT & DATE:** _____

WILL YOU BE PAYING ONLINE? _____ **YES** _____ **NO** _____ **IF SO, PAYING FOR** _____ **YEARS?**

WHAT NAME IS CARD IN? _____

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE AND MY APPLICATION WILL BE DENIED IF ANY INFORMATION IS FOUND TO BE FALSE.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: NTN _____ **FBI #** _____

SID _____ **MRI** _____
