



_____**NEW**
_____**RENEWAL**

Morgan County Sheriffs Office

PISTOL PERMIT APPLICATION

STATE OF ALABAMA

Read the following carefully and provide complete and accurate information, it is a crime to make a t statement or report to law enforcement (Tide 13A-10-109, Code of Alabama 1975). A criminal history background check will be conducted on each applicant

Full Name: _____

LAST

FIRST

MIDDLE

Physical Address: _____

(NO P.O. Box Accepted) **HOUSE NUMBER** **STREET NAME**

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone #: Home: _____ Cell: _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Are you a US Citizen? _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eye: _____

AL Driver's License or AL State ID # _____ Social Security# _____

Employer: _____ phone# _____

Please Indicate "yes" or "no" to the following questions:

- _____ 1. Have you ever had a pistol permit? If so, where and when?
- _____ 2. Have you ever had a pistol permit revoked or denied? if so, where and when?
- _____ 3. Have you ever been taken into custody by a law enforcement agency?
- _____ 4. Have you ever been arrested or charged with any crime?
- _____ 5. Are you currently under an indictment?
- _____ 6. Have you ever been treated for a mental illness?
- _____ 7. Have you ever been treated for substance abuse (drugs/alcohol)?
- _____ 8. Are you addicted to alcohol, prescription medicine or illegal drugs?
- _____ 9. Are you on probation or under a restraining order from ANY court?
- _____ 10. Are you awaiting trial as a defendant in any criminal case?
- _____ 11. Have you been found guilty but mentally ill in a criminal case?
- _____ 12. Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect?
- _____ 13. Have you been declared incompetent to stand trial in a criminal case?
- _____ 14. Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect?
- _____ 15. Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice?
- _____ 16. Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use?

If you answer YES in any question(s) above, please explain on the back of this form:

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 Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE OFFICIAL USE ONLY

APPROVED: _____ DISAPPROVED: _____ AUTHORIZED SIGNATURE: _____

REASON FOR DISAPPROVAL _____