



LAWRENCE COUNTY SHERIFF'S OFFICE

PISTOL PERMIT APPLICATION

STATE OF ALABAMA



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, 1975). A criminal history background check will be conducted on each applicant.

Full Name: Last First Middle

Other Names You Have Been Known By:

Physical Address: Street Number Apartment Number Street Name City State Zip Code

Mailing Address: Address City State Zip Code

Email Address:

Phone Numbers: Home Cell

Age: Date of Birth: Place of Birth: Are you a U.S. Citizen? O Yes O No

Sex: Male Female Race: Height: Weight: Hair Color: Eye Color:

Driver's License Number: State Number Other State I.D.: State Number

Social Security Number:

Employer: Employer's Phone Number:

Employer's Address: Street Number City State Zip Code

- Questions regarding pistol permit history, arrests, mental health, and military service.

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.

Space for providing details of arrests or treatment.

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: DISAPPROVED: AUTHORIZED SIGNATURE:

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