

Lawrence County Sheriff Office:
242 Parker Road Moulton, Al. 35650
Phone: 256-974-2500
Sheriff: Gene Mitchell

___ NEW APPLICATION

___ RENEWAL

PISTOL PERMIT APPLICATION

DATE: _____ PHONE: _____

NAME: LAST: _____ FIRST: _____ MIDDLE _____

ADDRESS: HOUSE #: _____ STREET/CITY: _____ STATE: _____ ZIP: _____

LIST ANY OTHER NAMES YOU HAVE BEEN KNOWN BY: _____

DATE OF BIRTH: ____/____/____ AGE: _____ E-MAIL ADDRESS: _____

RACE: _____ SEX: _____ HT: _____ WT: _____ EYE: _____ HAIR: _____

DRIVERS LECENSE #: _____ SOCIAL SECURITY #: _____

EMPLOYER: _____ PHONE: _____

REASON FOR APPLICATION: _____

- | | | |
|--|-----|----|
| 1) HAVE YOU EVER BEEN UNDER A DOCTOR CARE FOR A MENTAL CONDITION? | YES | NO |
| 2) HAVE YOU EVER BEEN ARRESTED? | YES | NO |
| 3) DO YOU USE ILLEGAL DRUGS? | YES | NO |
| 4) DO YOU HAVE, OR YOU EVER HAD A ALCOHOL OR DRUG ADDICTION PROBLEM? | YES | NO |
| 5) HAVE YOU EVER HAD A PISTOL LICENSE REVOKED OR CANCELLED? | YES | NO |
| 6) ARE YOU A LEGAL RESIDENT OF THE STATE OF ALABAMA AND A U.S CITIZEN? | YES | NO |
| 7) ARE YOU CURRENTLY OR HAVE YOU EVER BEEN INVOLVED IN A DOMESTIC DISPUTE? | YES | NO |
| 8) DO YOU HAVE ANY CIVIL OR CRIMINAL COURT CASE CURRENTLY PENDING? | YES | NO |
| 9) HAVE YOU EVER BEEN SERVED WITH A PROTECTION FROM ABUSE ORDER? | YES | NO |

IF YOU ANSWERED YES TO ANY QUESTION IN 1-9, GIVE A BRIEF EXPLANATION : _____

I CERTIFY THAT ALL OF THE ABOVE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO INVESTIGATION BY THE SHERIFF OFFICE AND THAT INCORRECT OR MISLEADING INFORMATION WOULD BE CAUSE FOR MY APPLICATION TO BE TURNED DOWN.

SIGNATURE: _____

OFFICE USE ONLY:

APPROVED BY: _____

_____ CHECK

DISAPPROVED: _____

_____ CASH

PERMIT # _____