



HANDGUN PERMIT APPLICATION

Beaufort County Sheriff's Office

R. Alan Jordan, Sheriff

I, the undersigned, hereby apply for a permit to purchase or acquire a weapon pursuant to the General Statutes of North Carolina. (All entries must be in ink and completed at the direction of the applicant. All information must be answered completely and accurately. Failure to provide complete and accurate information will result in denial of a permit. Explain answers fully on a separate piece of paper if necessary.)

PRINT APPLICANT'S NAME (First, Middle, Maiden, Last)	<input type="checkbox"/> MALE	RACE	HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH			AGE
	<input type="checkbox"/> FEMALE		FT IN				MO	DAY	YEAR	

HOME ADDRESS (Mailing and Street)	CITY, STATE, AND ZIP CODE	HOME PHONE
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DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NUMBER	OCCUPATION	WORK PHONE
			CURRENT EMPLOYER	

LENGTH OF RESIDENCE BEAUFORT COUNTY ___ YRS. ___ MONTHS	PREVIOUS NAMES/ALIASES/NICKNAMES	PLACE OF BIRTH (CITY AND STATE)
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LIST PREVIOUS ADDRESSES WITHIN THE PAST 5 YEARS

	YES	NO		YES	NO
1. Are you at least 21 years old?	<input type="checkbox"/>	<input type="checkbox"/>	11. Are you an alien illegally or unlawfully in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a resident of Beaufort County?	<input type="checkbox"/>	<input type="checkbox"/>	12. Were you dishonorably discharged from the Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you renounced your U.S. citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been issued a weapon permit within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	14. Are you subject to a court order restraining you from harassing, stalking or threatening an intimate partner or child of such partner?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been denied a weapon permit?	<input type="checkbox"/>	<input type="checkbox"/>	15. Are you presently charged with any misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you under indictment for, or have been convicted in any state, or in any court of the United States, of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have you been convicted of, plead guilty to, or received a prayer for judgment continued or suspended sentence for any misdemeanor within the past 10 years? (Not including minor traffic infractions)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you a fugitive from justice?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force committed by a current or former spouse, parent, or guardian of the victim or by a person with a similar relationship with the victim.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you an unlawful user of or addicted to marijuana or any depressant, stimulant, or narcotic drug?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been adjudicated mentally incompetent?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Have you ever been committed to a mental institution?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to Questions 6 through 13 provide complete details including times, dates and locations: (Attach additional information if necessary)

If you answered YES to Questions 14 through 17 provide complete details including charges, court jurisdiction, dates, case numbers and disposition:

If you have been legally pardoned, had the case set aside or had your citizenship restored, provide complete information:

Name two local people who will attest to your good moral character other than a relative or employee of this department		
NAME	ADDRESS, CITY, STATE	HOME PHONE
		WORK PHONE
NAME	ADDRESS, CITY, STATE	HOME PHONE
		WORK PHONE

I hereby certify that the answers to the above are true, correct and complete. I understand that the making of any false or written statement or the exhibiting of any false or misrepresented identification with respect to this application may result in permanent denial of a weapon permit.

DATE OF APPLICATION _____ SIGNATURE OF APPLICANT _____

IMPORTANT INSTRUCTIONS

- 1) Allow 5 working days for the application to be processed.
- 2) Call 252-946-7111 to determine if the application has been approved.
- 3) There is a \$5.00 fee payable when the permit to purchase a handgun is issued.
- 4) The permit must be obtained within 6 months or the application will be destroyed.
- 5) The permit must be obtained between 8:00 a.m. and 4:00 p.m., Monday – Friday.
- 6) The disclosure of your social security account number as a part of the pistol purchase permit application is voluntary. The purpose of requesting the social security account number is to assist in your identification and to help distinguish you from other persons with similar names. No pistol purchase permit will be denied to you for failing to disclose your social security account number.

OFFICE USE ONLY

NOTES

Approved

NTN# _____

Disapproved

Approving Authority, Beaufort County Sheriff's Office

Permits _____

Positive Identification? Yes No Reason for Denial: _____

Proof of Residency? Yes No _____

Driver History Check? Yes No Denied Until: _____

NCIC/DCI Criminal History Check? Yes No

AOC Record Check? Yes No Method of Notification: _____

Name of DCI Operator: _____ Date: _____

Notes: _____

**SUPPLEMENTARY QUESTIONS FOR APPLICATION
FOR A PERMIT TO PURCHASE A HANDGUN**

Prohibitions applicable to certain aliens: Federal law makes it unlawful for aliens who are illegally or unlawfully in the United States to receive or possess firearms. In addition, subject to certain exemptions, aliens who are in a non-immigrant status are prohibited from possessing or receiving firearms in the United States.

A non-immigrant alien is not subject to this prohibition if the alien:

1. is in possession of a valid hunting license or permit lawfully issued in the United States;
2. is an official representative of a foreign government who is accredited to the United States Government or his or her government's mission to an international organization having its headquarters in the United States; or
3. has received a waiver from prohibition from the Attorney General of the United States.

See 18 USC 922(y)(2) for additional exceptions. In order to determine whether applicants who are not U.S. citizens are prohibited from possessing firearms under Federal law, it is necessary to obtain answers to the following questions.

1. Name: _____

2. Are you a citizen of the United States? Yes No

If the answer to Questions 2 is "yes", there is no need to answer questions 3-8. Go directly to the certification statement in question 9.

Sheriff: If the answer to Questions 2 is "yes", use "C" in the Citizenship (CTZ) filed of the QN or QNP transaction form.

3. What is your country of citizenship? List more than one if applicable.

4. What is your place of birth? _____
(City and Country)

5. What is your INS-issued alien number or admission number? _____

6. Are you an alien illegally in the United States? _____

7. Are you a non-immigrant alien? _____

Sheriff: If the answer to Question 7 is "yes", use "N" in the Citizenship (CTZ) field. If the answer to Question 7 is "no", use "F" in the Citizenship (CTZ) field of the QN or QNP transaction form.

8a. Do you fall within any of the exemptions to the nonimmigrant alien prohibitions set forth in 18 USC 922(y)?

8b. If you answered "yes" to question 8a, under which exemption do you fall? Please attach documentation to support your entitlement to the claimed exemption, if applicable.

Sheriff: If the answer to Question 8a is "yes", indicate the exemption indicated in 8b in the Exception Documentation (EXC) field of the QN or QNP transaction form.

8. I certify that the above answers are true and correct.

Applicant's Signature

Date