



CHILTON COUNTY SHERIFF 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.

To the Honorable Sheriff John Shearon of Chilton County:

I hereby apply for a license to carry a revolver or pistol concealed on my person or in a vehicle for a period of **ONE to FIVE YEARS** for the following
reason: _____

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____ City: _____, AL Zip Code: _____

Phone Numbers Home: _____ Work: _____ Cell: _____

Race: _____ Sex: _____ Date of Birth: ___/___/___ Height: ___' ___" Weight: _____ Hair: _____ Eyes: _____

S.S.N.: ___/___/___ Are you a US Citizen? _____ Driver License #: _____ State: _____ Class: _____

Place of Birth (City, County, and State): _____ How long have you lived in Chilton County: _____

Employer: _____ Position/Title: _____ Length of employment: _____

Employer Address: _____ City: _____, AL Zip Code: _____

___ YES ___ NO Have you ever had a pistol permit? If so, where and when? _____

___ YES ___ NO Have you ever had a pistol permit revoked or denied? If so, where and when? _____

___ YES ___ NO Have you ever been arrested for a crime of violence? _____

___ YES ___ NO Have you ever been taken into custody by a law enforcement agency? _____

___ YES ___ NO Have you ever been arrested or charged with a crime? _____

___ YES ___ NO Are you currently under an indictment? _____

___ YES ___ NO Have you ever been treated for a mental illness? _____

___ YES ___ NO Have you ever been treated for a substance abuse? (Drugs or Alcohol) _____

___ YES ___ NO Are you addicted to alcohol, prescription medicine or illegal drugs? _____

___ YES ___ NO Are you on probation or under a restraining order from **ANY** court? _____

___ YES ___ NO Are you awaiting trial as a defendant in any criminal case? _____

___ YES ___ NO Have you been found guilty but mentally ill in a criminal case? _____

___ YES ___ NO Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect? _____

___ YES ___ NO Have you been declared incompetent to stand trial in a criminal case? _____

___ YES ___ NO Have you asserted a defense in a criminal case of not guilty by reasons of insanity or mental disease or
Defect? _____

___ YES ___ NO Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military
Justice? _____

___ YES ___ NO Have you required involuntary outpatient treatment in a psychiatric hospital or similar treatment facility
based on a finding you are an imminent danger to yourself or to others? _____

___ YES ___ NO Have you required involuntary commitment to a psychiatric hospital or similar treatment for any reasons,
including drug abuse? _____

___ YES ___ NO Have you been the subject of a prosecution or of a commitment or incompetency proceeding that could lead
to a prohibition on the receipt or possession of a firearm under the laws of Alabama or the United States? _____

If you have answered **YES** to any of the questions above, please use the space below to provide dates and places of arrest or treatment, charges,
agency involved and dispositions.

The permit cost \$25.00 each year plus \$0.25. Do not mail payment with the application.

I certify that my answers are true, complete and correct and I understand this application will be rejected if any information is false or misleading.

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

APPROVED: _____ DISAPPROVED: _____ AUTHORIZED SIGNATURE: _____

NCIC: _____ ACJIC: _____ TRANSACTION #: _____ OTHER: _____