

# STATE OF NORTH CAROLINA

## APPLICATION FOR CONCEALED HANDGUN PERMIT

Name of Applicant (Last, First, Middle, Maiden) ▶ Attach listing of all previous addresses and all name changes including location and court file number (If Applicable)

- NEW PERMIT       RENEWAL PERMIT  
 DUPLICATE       EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

Street Address			Date of Birth	Social Security Number ▶ See Notification on page 3		
City	State	Zip Code	Driver's License Number (State ID Number If no driver's license)			State
Mailing Address			Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A		Race ▶ See below for code	Sex
Telephone Number	County of Residence		Eyes	Height	Weight	Other Physical Description

▶ RACE CODES: *A*-Asian or Pacific Islander, *B*-Black, *I*-American Indian or Alaskan Native, *U*-Unknown, *W*-White

### APPLICATION

I, the undersigned applicant, being duly sworn, hereby make application for a North Carolina Concealed Handgun Permit and state that the following information is correct to the best of my knowledge.

(Check Appropriate Boxes)

1. Are you a citizen of the United States? (1)  Yes  No  
 \* If No: Have you been lawfully admitted for permanent residence? \*  Yes  No  
 ▶ If Yes, attach documentation.
2. Are you 21 years of age or older? (2)  Yes  No
3. Have you been a resident of North Carolina for 30 days or longer immediately preceding the date of this application? (3)  Yes  No
4. Do you suffer from a physical or mental infirmity that prevents the safe handling of a handgun? (4)  Yes  No
5. Have you successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force? ▶ If Yes, attach documentation. (5)  Yes  No  
 \* If No: Do you meet any of the exceptions in N.C.G.S. § 14-415.12A? \*  Yes  No  
 ▶ If Yes, attach documentation.
6. Are you ineligible to own, possess, or receive a firearm under the provisions of State or federal law? (6)  Yes  No
7. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? (7)  Yes  No
8. Have you been adjudicated guilty in any court of a felony? (8)  Yes\*  No  
 \* If Yes: Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4? \*  Yes  No  
 ▶ If Yes, attach documentation.
9. Are you a fugitive from justice? (9)  Yes  No
10. Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (10)  Yes  No
11. Are you currently or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? (11)  Yes  No
12. Have you been discharged from the U.S. Armed Forces under conditions other than honorable? (12)  Yes  No
13. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed on page 3 of this form? ▶ See "List of Disqualifying Criminal Offenses" on page 3. (13)  Yes  No
14. Have you had an entry of prayer for judgment continued for a criminal offense which would disqualify you from obtaining a handgun permit? (14)  Yes  No
15. Are you free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify you from obtaining a concealed handgun permit? (15)  Yes  No
16. Have you been convicted of an impaired driving offense under N.C. G.S. § 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? (16)  Yes  No

I hereby apply for a Temporary Emergency Permit for a nonrenewable period of up to 45 days based upon the information set forth below. I reasonably believe that an emergency situation exists which may constitute a risk of safety to me, my family, or my property.

State Grounds for Temporary Emergency Permit (Use attachment if necessary)

(To be completed for RENEWALS only) – I currently hold a valid Concealed Handgun Permit issued by the \_\_\_\_\_ County Sheriff's Office. I hereby affirm that I remain qualified to receive and possess this Concealed Handgun Permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the NC General Statutes and the criteria outlined in this application.

<b>SWORN TO AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature of Person Authorized to Administer Oaths	Signature of Applicant
Title	<b>SEAL</b>	<b>CAUTION</b> Federal law and State law on the possession of handguns and firearms may differ. If you are prohibited by federal law from possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.
Date Commission Expires		

**SHERIFF USE ONLY**

**Check List — check applicable boxes:**

- |  |   |
|--|---|
| 1. Nonrefundable Permit Fee Paid ..... <input type="checkbox"/>  | 8. Date Issued Temporary Permit _____               |
| 2. One Full Set of Fingerprints Administered by the Sheriff's Office ..... <input type="checkbox"/>                | 9. Date Denied Temporary Permit _____               |
| 3. Original Certificate of Completion of Approved Firearms Safety & Training Course ..... <input type="checkbox"/> | 10. Date Issued Permit _____<br>Permit Number _____ |
| 4. Renewal-Waiver of Application Firearm Safety & Training Course ... <input type="checkbox"/>                     | 11. Date Denied Permit _____                        |
| 5. Attachment(s) (Specify) _____ <input type="checkbox"/>  | 12. Date Submitted to SBI _____                     |
| 6. Temporary Documentation ..... <input type="checkbox"/>  | 13. NICS Transaction Number (NTN) _____             |
| 7. Other (Specify) _____ <input type="checkbox"/>  |   |

**Signature of Sheriff:** \_\_\_\_\_

*Original – Sheriff / Copy – Applicant*

**STATE OF NORTH CAROLINA**

Granville \_\_\_\_\_ County

**RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT**

G.S. 14-415.13(a)(5)

Name And Address Of Applicant	Date Of Birth	Social Security No.
	State Drivers License No. (State Identification No. if no Drivers License)	

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this Release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.

Name Of Provider	Address Of Provider
Granville County Clerk of Court	101 Main St, Oxford NC 27565
Central Regional Hospital	300 Veazey Rd, Butner NC 27509
Vaya Health	200 Ridgefield Ct, Ste 218, Asheville NC 28806
	vs: Cardinal Innovations

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

**NOTE:** Pursuant to G.S. 14-415.15(a), no person, company, mental health provider, or governmental entity may charge additional fees to the applicant for a concealed handgun permit for a background check under that subsection.

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
Title		
Date Commission Expires		

**SEAL**

