



# Montgomery 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 provide false information on a pistol permit application. (Title 13A-11-81, Code of Alabama, 1975). A criminal history background check will be conducted on each applicant.

Full Name: \_\_\_\_\_  
 Last First Middle

Physical Address: \_\_\_\_\_  
 (No P.O. Box Accepted) Street Number Apartment Number Street Name

\_\_\_\_\_ City State Zip Code

Mailing Address: \_\_\_\_\_  
 Address City State Zip Code

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Home Cell

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Sex: \_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Other State ID: \_\_\_\_\_  
 State Number State Number

Social Security #: \_\_\_\_\_ Employer: \_\_\_\_\_

**Please indicate "yes" or "no" to the following questions:**

- \_\_\_ 1. Have you ever had a pistol permit? If so, where and when?
- \_\_\_ 2. Have you ever had a pistol permit revoked or denied? If so, where and when?
- \_\_\_ 3. Have you ever been taken into custody by a law enforcement agency?
- \_\_\_ 4. Have you ever been arrested or charged with any crime?
- \_\_\_ 5. Are you currently under an indictment?
- \_\_\_ 6. Have you ever been treated for a mental illness?
- \_\_\_ 7. Have you ever been treated for substance abuse (drugs/alcohol)?
- \_\_\_ 8. Are you addicted to alcohol, prescription medicine or illegal drugs?
- \_\_\_ 9. Are you on probation or under a restraining order from ANY court?
- \_\_\_ 10. Are you awaiting trial as a defendant in any criminal case?
- \_\_\_ 11. Have you been found guilty but mentally ill in a criminal case?
- \_\_\_ 12. Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect?
- \_\_\_ 13. Have you been declared incompetent to stand trial in a criminal case?
- \_\_\_ 14. Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect?
- \_\_\_ 15. Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice?
- \_\_\_ 16. Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use?

**If you answer YES to any question(s), YOU MUST EXPLAIN ON THE BACK OF THIS FORM.**

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY**

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

NCIC \_\_\_ ACJIC \_\_\_ NICS \_\_\_\_\_ TRANSACTION # \_\_\_\_\_ OTHER \_\_\_\_\_