Office of the Sheriff

Davie County

J.D. Hartman
Sheriff

140 S. MAIN STREET, MOCKSVILLE, NC 27028 – 336.751.6238

APPLICATION INFO

- THERE ARE **FIVE (5) PAGES** TO THE APPLICATION, **PLEASE MAKE SURE TO FILL OUT ALL 5 PAGES**. ON THE PAGE REQUESTING PREVIOUS ADDRESSES, GO BACK 10 YEARS IF POSSIBLE

- **PURCHASE PERMITS WILL BE READY AFTER FIVE (5) BUSINESS DAYS, AND WILL BE HELD FOR THIRTY (30) DAYS**

- **IF DENIED YOU WILL BE NOTIFIED BY MAIL, OTHERWISE YOU MAY STOP BY BETWEEN THE HOURS OF 8:30 AM TILL 4:30 PM, MONDAY – FRIDAY**

- EACH PERMIT IS $5.00. YOU MAY PAY CASH OR CREDIT/DEBIT CARD WITH AN ADDITIONAL $1.50 PROCESSING FEE. **MONEY IS NON REFUNDABLE**

- IF YOU HAVE A **CARRY CONCEALED PERMIT** YOU DO NOT NEED A PURCHASE PERMIT.

- **YOU MUST LIVE IN DAVIE COUNTY AND HAVE LICENSE WITH CORRECT DAVIE COUNTY ADDRESS**

THANK YOU,

DAVIE COUNTY SHERIFF'S OFFICE

STATE OF NORTH CAROLINA

APPLICATION FOR PERMIT(S) TO PURCHASE A HANDGUN

☐ NEW PERMIT

☐ DUPLICATE

N. C. G. S. §14-402 et seq.

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)*			
Street Address:		Date of Birth:	Social Security Number: ▶ *See Notification on page 2*
Time at Present Address: Yrs: ___ Months: ___	Email Address: *(Optional)*	City, County and State of Birth:	
City: State: Zip Code:		Driver's License Number: *(State ID Number if no Driver's License)*	State:
Mailing Address:		Military Status: ☐ Active ☐ Reserve ☐ Discharged ☐ Retired ☐ N/A	Race: ▶ *See below for code* / Sex:
Telephone Number:	County of Residence:	Eyes: / Hair: / Height: / Weight:	Other Physical Description:

▶ **RACE:** American Indian (AI), Asian (A), Black (B), Native Hawaiian (H), Pacific Islander (P), White (W), Latino/Hispanic (L).

APPLICATION

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

(Check Appropriate Boxes)

1. Are you lawfully in the United States? (1) ☐ Yes ☐ No
2. Are you a citizen of the United States? ▶ *Non US Citizens must complete the Supplementary Questions for Applicants* (2) ☐ Yes ☐ No
   If No, provide your Alien Admission Number here: ____
3. Are you 18 years of age or older? (3) ☐ Yes ☐ No
4. Are you ineligible to own, possess, or receive a firearm under the provisions of state or federal law? (4) ☐ Yes ☐ No
5. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? (5) ☐ Yes ☐ No
6. Have you been adjudicated guilty in any court of a felony? (6) ☐ Yes* ☐ No

   * **If Yes:** Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4, or have you received a pardon which allows you to possess firearms? ☐ Yes ☐ No
   ▶ ***If Yes**, attach documentation*
7. Are you a fugitive from justice? (7) ☐ Yes ☐ No
8. Are you an unlawful user of or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (8) ☐ Yes ☐ No
9. Have you ever been adjudicated mentally incompetent or been committed to a mental institution? (9) ☐ Yes ☐ No
10. Have you been discharged from the U.S. Armed Forces under dishonorable conditions? (10) ☐ Yes ☐ No
11. Have you ever renounced your U.S. citizenship? (11) ☐ Yes ☐ No
12. Are you currently subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child of an Intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child? (12) ☐ Yes ☐ No
13. Are you currently under any type of probation or parole? (13) ☐ Yes ☐ No

Reason for the request for a Permit to Purchase a handgun:

1. Protection of myself, home, business, property or family ☐
2. Collecting ☐
3. Target Shooting ☐
4. Hunting ☐
5. Number of permits requested ___

Applicant's Signature _____ Date Application Signed _____

CAUTION: Federal law and State law on the purchase or possession of handguns and firearms may differ. If you are prohibited by federal law from purchasing or possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.

SHERIFF USE ONLY

The following items were submitted – check applicable boxes

1. Permit to Purchase application..... ☐
2. Nonrefundable permit fee(s) paid..... ☐
   ($5.00 for each permit requested)
3. Copy of government issued identification..... ☐
4. Proof of residency..... ☐
5. Signed release for mental health orders..... ☐
6. Date issued Permit(s): _____
7. Date denied Permit(s): _____
8. NICS Transaction Number (NTN): _____
9. Date Transactions Ran: _____
10. Permit Number(s): _____

Signature of Sheriff: _____

Original – Sheriff / Copy – Applicant

▶ **SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this permit to purchase application is voluntary. The purpose of requesting the social security number is to assist in your identification and to help distinguish you from other persons with similar names. No permit to purchase will be denied for failure to disclose a social security number.

SUPPLEMENTARY QUESTIONS FOR APPLICANTS 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 the 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 Question 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 Question 2 is "Yes", use "**C**" in Citizenship (CTZ) field of **QNP** transaction.

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? . . . . . ☐ Yes ☐ No

7) Are you a non-immigrant alien? . . . . . ☐ Yes ☐ No

Sheriff: If the answer to Question 7 is "Yes", proceed to Question 8a.
If the answer to Question 7 is "No", use "**F**" in Citizenship (CTZ) field of **QNP** transaction.

8a) Do you fall within any of the exemptions to the non-immigrant alien prohibitions set forth in 18 USC 922(y)?
☐ Yes ☐ No

Sheriff: If the answer to Question 8a is "Yes", proceed to Question 8b. If the answer to Question 8a is "No", the NICS check cannot be initiated. As a non-immigrant, the subject is ineligible to purchase, possess, or redeem a firearm if they do not meet one of the non-immigrant exemptions.

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: *Validate the exemption item and indicate the exemption in the Exception Documentation (EXC) field of the QNP transaction. Then place "**F**" in the Citizenship (CTZ) field of the **QNP** transactio*

9) I certify that the above answers are true and correct.

_____ _____
Applicant's Signature Date

Office of the Sheriff

Davie County

J.D. Hartman
Sheriff

140 S. MAIN STREET, MOCKSVILLE, NC 27028 – 336.751.6238

List Of Addresses

Name of Applicant ***(PRINT-Last, First, Middle)***	Place of Birth ***(City, State)***

List **ALL** previous addresses for the last 10 years beginning with your current address and the year you moved there.

Note: If you were in the Military, list where you were based (i.e. Fort Bragg NC)

#	Year Relocated	House Number & Street	City	State
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

STATE OF NORTH CAROLINA _____ County	RELEASE OF COURT ORDERS CONCERNING MENTAL HEALTH AND CAPACITY FOR PISTOL PURCHASE PERMIT G.S. 14-404(e1)
Name And Address Of Applicant	*Date Of Birth*
	Social Security No.
	State Drivers License No. (State Identification No. if no drivers license) / *State*

I hereby authorize and request any and all Clerks of Superior Court of North Carolina to inform the Sheriff of the county named above whether or not the clerk's files or records contain any court orders concerning my mental health or capacity. If so, I authorize the clerk to reveal to the sheriff the court orders within any confidential court files or records that the sheriff may reasonably require in order to determine whether or not to issue a pistol purchase permit to me.

This Release may be treated as a motion in the cause for disclosure pursuant to G.S. 122C-54(d), which disclosure is necessary to enable the sheriff to determine my qualification to purchase or possess a handgun. I stipulate that a clerk may reveal to the sheriff any court orders pursuant to any specific or standing order entered in response to or anticipation of this motion.

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.

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

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		*Date*
Date	*Signature Of Person Authorized To Administer Oaths*	*Signature Of Applicant*
SEAL	*Date Commission Expires*	

NOTE TO CLERK: *This Release authorizes the disclosure of only court orders concerning the mental health or capacity of the applicant for a pistol purchase permit pursuant to G.S. 14-404. Unless requested via a separate motion under G.S. 122C-54(d) and specifically ordered by the court, the clerk may not release any records or information from an involuntary commitment proceeding other than an actual court order in response to this Release.*

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Office of the Sheriff

Davie County

J.D. Hartman
Sheriff

140 S. MAIN STREET, MOCKSVILLE, NC 27028 – 336.751.6238

To: Clerk of Superior Court in Davie County

Re:_____

The person named above has submitted an application to this office for a permit to purchase a handgun. Under House Bill 90, the sheriff is required to determine if the applicant is or has been adjudicated or administratively determined to be lacking mental, mentally ill or incompetent.

Therefore it is required that you conduct a review of your records and submit your findings pursuant to the attached release authorization, by checking the appropriate box below.

J.D. Hartman, Sheriff

1. _____ No record of above applicant or dismissal
2. _____ Records indicate the above named applicant has been adjudicated or administratively determined to be lacking mental capacity, mental ill or incompetent and a copy of the findings and order are attached
3. _____ Other (Explain)

Mail response to:

Davie County Sheriff's Office
140 S. Main Street
Mocksville, NC 27028

_____
Signature

_____
Printed

_____
Title/Position

_____
Date