



Office of the Sheriff

Davie County

J.D. Hartman
Sheriff

132 Government Center DR, MOCKSVILLE, NC 27028
336.751.6238

CONCEALED HANDGUN PERMIT NEW APPLICATION

Complete all information on the application

Complete all information on the release order

Both Documents must be signed and notarized before calling for appointment.

List of addresses must be completed but does not need to be notarized

When all forms are COMPLETED and NOTARIZED call Lieutenant R. M. Moxley at (336) 936-2943 or
Sergeant J. Robertson (336) 936-2944 Monday thru Friday to schedule your appointment.

Items to bring with you to your appointment:

1. Driver's License
2. The ORIGINAL certificate of firearms training (will be kept on file)
3. A copy of your DD-214 if you were in the military. (we will keep)
4. \$90 (CASH ONLY, NO CHECKS) Correct change
5. Application and release order completely filled out and notarized

THIS OFFICE WILL CALL YOU WHEN YOUR PERMIT IS AVAILABLE FOR PICK UP

PLEASE DO NOT CALL TO CHECK STATUS OF YOUR PERMIT UNTIL 3 MONTHS HAVE PASSED

If you have not received a call after 3 months please call Officer Mike Williams at 336-936-2939 and he will check the status of your permit.

Concealed Handgun Permit is valid for 5 years

The disclosure of your social security number, as a part of the concealed handgun permit application, is voluntary. The purpose of requesting the social security number is to assist us in your identification, and to help distinguish you from other persons with similar names. No concealed handgun permit will be denied, for failing to disclose your social security number.

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 — *Optional*
▶ See Notification on page 2

City

State

Zip Code

Driver's License Number (State ID Number if no driver's license)

State

Mailing Address

Military Status

Active Reserve

Race

▶ See below for code

Sex

Hair

Discharged Retired N/A

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.

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 have 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.

SWORN TO AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature of Person Authorized to Administer Oaths

Signature of Applicant

Title

Date Commission Expires

SEAL

CAUTION

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.

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 _____
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

► **SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this Concealed Handgun Permit 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 Concealed Handgun Permit will be denied for failure to disclose a social security number.

LIST OF DISQUALIFYING CRIMINAL OFFENSES

► **NOTE:** *If otherwise qualified, an applicant who has been found guilty OR received a prayer for judgment continued OR a suspended sentence for one of the offenses listed in 1-21 below, and **THREE YEARS** have passed **PRIOR** to the signed application date, **CAN** receive a Concealed Handgun Permit — N.C.G.S. § 14-415.12 (b)(8).*

1. Simple assault.....N.C.G.S. § 14-33(a)
2. Violation of court orders.....N.C.G.S. § 14-226.1
3. Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition, or alcoholic beverages to inmates of charitable, mental, or penal institutions, or local confinement facilities.....N.C.G.S. § 14-258.1
4. Carrying weapons on campus or other educational property.....N.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumed.....N.C.G.S. § 14-269.3
6. Carry weapons on state property and courthouses.....N.C.G.S. § 14-269.4
7. Possession and/or sale of spring-loaded projectile knives.....N.C.G.S. § 14-269.6
8. Impersonation of a law enforcement officer or other public officer.....N.C.G.S. § 14-277
9. Communicating threats.....N.C.G.S. § 14-277.1
10. Carrying weapons at parades and other public gatherings.....N.C.G.S. § 14-277.2
11. Exploding dynamite cartridges and/or bombs (except fireworks violations under N.C.G.S. § 14-414).....N.C.G.S. § 14-283
12. Rioting and inciting a riot.....N.C.G.S. § 14-288.2
13. Fighting or conduct creating the threat of imminent fighting or other violence.....N.C.G.S. § 14-288.4(a)(1)
14. Looting and trespassing during an emergency.....N.C.G.S. § 14-288.6
15. Assault on emergency personnel.....N.C.G.S. § 14-288.9
16. Violations of City state of emergency ordinances.....Former 14-288.12
17. Violations of County state of emergency ordinances.....Former 14-288.13
18. Violations of State of emergency ordinances.....Former 14-288.14
19. Convicted of impaired driving under G.S. §§ 20-138.1, 20-138.2, or 20-138.3.....N.C.G.S. § 14-415.12(b)(11)
20. Violations of the standards for carrying a concealed weapon.....N.C.G.S. § 14-415.21(b)
21. Misrepresentation on certification of qualified retired law enforcement officers.....N.C.G.S. § 14-415.26(d)

► **NOTE:** *Offenses listed in 22-33 below are **PERMANENT DISQUALIFIERS** for a Concealed Handgun Permit.*

22. Assault inflicting serious injury or using deadly force.....N.C.G.S. § 14-33(c)(1)
23. Assault on a female.....N.C.G.S. § 14-33(c)(2)
24. Assault on a child under the age of 12.....N.C.G.S. § 14-33(c)(3)
25. Assault inflicting serious injury or using a deadly weapon on a person in a personal relationship and in the presence of a minor.....N.C.G.S. § 14-33(d)
26. Stalking..... (includes Former N.C.G.S. § 14-277.3).....N.C.G.S. § 14-277.3A
27. Child abuse.....N.C.G.S. § 14-318.2
28. Domestic criminal trespass.....N.C.G.S. § 14-134.3
29. Domestic violence protective order violations.....N.C.G.S. § 50B-4.1
30. Any person convicted of a "misdemeanor crime of domestic violence" as defined in federal law at 18 USC 922(g)(9).
31. Any crimes involving assault or a threat to assault a law enforcement officer, probation or parole officer, person employed at a State or local detention facility, firefighter, emergency medical technician, medical responder, or emergency department personnel.
32. Misdemeanor crimes that involve violence (other than the misdemeanors listed in items 1-21).
33. Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-21).

STATE OF NORTH CAROLINA

Davie 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)

State

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
Partners Health Management	Cardinal Innovations 550 South Caldwell St Charlotte NC 28202
To: Clerk of Superior Court, Broughton Hospital	Central Regional Hospital, Counterpoint Human Services, Daymark

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.

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

SEAL



Office of the Sheriff

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J.D. Hartman
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336.751.6238

List Of Addresses

Name of Applicant (<i>PRINT-Last, First, Middle</i>)	Place of Birth (<i>City, State</i>)

List **ALL** previous addresses for the last 20 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				