



SHELBY 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 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.

County of Primary Residence: _____

Requesting permit for: 1 year @ \$20 2 years @ \$40 3 years @ \$60 4 years @ \$80 5 years @ \$100

Are you career retired military? _____ (Must provide copy of U.S. Government issued Veteran ID card or DD-214)
 Qualifying retired military permits are issued at no charge, ACT #2016-342.

Full Name: _____
Last First Middle

Any other names you have been known by: _____

Race: _____ Sex: _____ Date of Birth: _____

Physical Address: _____
City State Zip

Mailing Address: _____
City State Zip

Email Address: _____ Home Phone: _____ Cell Number: _____

Driver's License: _____ Social Security Number: _____
State

Age: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Marital Status: _____

Employer: _____

Employer Address: _____
City State Zip

Work Phone: _____ Occupation: _____

Place of Birth: _____ Have you ever served in the military? _____
City State Branch

Are you a U.S. Citizen? _____ If no, what is your citizenship? _____ (Additional form required)

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's Signature: _____ Date: _____

If submitting this application by mail, please send application and check or money order to:
 Shelby County Sheriff's Office
 Attn: Pistol Permits
 Post Office Box 1095
 Columbiana, Alabama 35051

Any questions may be directed to (205) 669-3936.

Application continued – (see page 2)

Please answer each question completely and provide any documentation you feel might support your response.

- yes no Have you ever had a pistol permit? If so, when and where? _____
- yes no Have you ever had a pistol permit revoked or denied? If so, where, when, and why? _____
- yes no Have you ever been arrested for any crime? If so, please list the dates, locations, and dispositions of each case: _____

- yes no Are you now or have you ever been treated for a mental illness or substance abuse, including drugs and/or alcohol? If so, when and where? _____

- yes no Are you currently under any court order restricting contact with any other person or others? If so, when and where? _____
- yes no Are you awaiting trial as a defendant in any criminal case? If so, where and what are the charges? _____
- yes no Have you been found guilty by reason of mental illness in a criminal case? If so, please provide details: _____

- yes no Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect? If so, please provide details: _____

- yes no Have you been declared incompetent to stand trial in a criminal case? If so, please provide details: _____

- yes no Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect? If so, when and what were the charges? _____

- yes no Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice? If so, when and what were the charges? _____

- yes no Have you required voluntary outpatient treatment in a psychiatric hospital or similar treatment facility based on a finding that you are an imminent danger to yourself or to others? If so, when and where? _____

- yes no Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use? If so, when and where? _____

- 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 so, when and where? _____
