



Henry 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.

Full Name: _____
Last First Middle

Physical Address: _____
(No P.O. Box Accepted) Street Number Apartment Number Street Name
City State Zip Code

Mailing Address: _____
Street Number Apartment Number Street Name
City State Zip Code

Email Address: _____ Phone Number: _____
Home Cellular

Age: _____ Date of birth: _____ Place of birth: _____ Are you a U.S. Citizen? _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver's License Number: _____ Other State ID Number: _____
State Number State Number

Social Security Number: _____ 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 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 by reasons 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 reason, including drug use?

If you answered YES to any question(s) above, please explain on the next page.

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: _____ Date: _____

NCIC ACJIC NICS Transaction Number: _____ NTN _____



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