



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 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

Other names you have been known by: _____

County of residency: _____ Requesting permit for _____ Years (may apply for up to five (5) years)

Physical Address: _____
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?
Yes No

Sex: Male Female Race: _____ Hgt: _____ Wgt: _____ Hair: _____ Eye: _____

Driver's License #: _____ Other State I.D.: _____
State Number State Number

Social Security #: _____

- Yes No Have you ever had a pistol permit? If so, where and when? _____
- Yes No Have you ever had a pistol permit revoked or denied? If so, where and when? _____
- Yes No Have you ever been convicted of a crime?
- Yes No Are you now or have you ever been under an indictment?
- Yes No Are you now or have you ever been treated for mental illness or substance abuse (drugs / alcohol)?
- Yes No Are you now or have you ever been under a restraining order to prevent endangering yourself or others?
- Yes No Are you awaiting trial as a defendant in any criminal case?
- Yes No Have you ever been found guilty by reason of mental illness in a criminal case?
- Yes No Have you ever been found not guilty in a criminal case by reason of insanity or mental disease or defect?
- Yes No Have you ever been declared incompetent to stand trial in a criminal case?
- Yes No Have you ever asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect?
- Yes No Have you ever been found not guilty by reason of lack of mental responsibility under the *Uniform Code of Military Justice*?
- Yes No Have you ever required involuntary outpatient treatment in a psychiatric hospital or similar treatment facility based on a finding that you are an imminent danger to yourself or others?
- Yes No Have you ever required involuntary commitment to a psychiatric hospital or similar treatment facility for any reason, including drug use?
- 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 laws of Alabama or the United States?

If you answered YES to any of the questions above, please use the space below to provide dates and places of arrest or treatment, charges, agency involved and dispositions.

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

Fee for Permit: \$ _____ Approved: _____ Disapproved: _____ Authorized Signature: _____
NCIC _____ ACJIC _____ NICS _____ TRANSACION #: _____ OTHER _____