

STATE OF NORTH CAROLINA

APPLICATION FOR PERMIT(S) TO PURCHASE A HANDGUN

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
 DUPLICATE

N. C. G. S. §14-402 et seq.

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 CODES: AI-American Indian, A-Asian, B-Black, H-Native Hawaiian, P-Pacific Islander, W-White, L-Latino/Hispanic

APPLICATION

I, the undersigned applicant, 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
 If No, provide your Alien Admission Number here: _____ (2) Yes No
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

APPLICATION

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 <input type="checkbox"/> | 6. Date Issued Permit(s) _____ |
| 2. Nonrefundable Permit Fee(s) Paid <input type="checkbox"/>
(\$5.00 for each permit requested) | 7. Date Denied Permit(s) _____ |
| 3. Copy of Government Issued Identification <input type="checkbox"/> | 8. NICS Transaction Number (NTN) _____ |
| 4. Proof of Residency <input type="checkbox"/> | 9. Date Transactions Ran _____ |
| 5. Signed Release for Mental Health Orders <input type="checkbox"/> | 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 falls into certain categories such as but not limited to

- 1) Is in possession of a valid hunting license or permit lawfully issued in the United States; **OR**
- 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 your 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 the Citizenship (CTZ) field of the **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 the Citizenship (CTZ) field of the **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** transaction.

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

Applicant's Signature

Date

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

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		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>
SEAL	<i>Date Commission Expires</i>	

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.