

## COOSA COUNTY SHERIFF'S OFFICE

## **PISTOL PERMIT APPLICATION**

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.
Permit Fees: 18 - 64 - \$25.00

Ages 65 & Older \$15.00



| Full Nam  | ie:   | Last   |                               |                                    | First                                      |  |  | Middle           |                                 |  |
|---|---|--|-------------------------------|------------------------------------|--|--|--|------------------|---------------------------------|--|
| Other Na  | mes You   | Have Been Kn   | own By:                       |                                    |  |  |  | muut             |                                 |  |
| County of residence:  |   |  |                               | Reques                             | ting permit for                            | _ years (may apply                           | for up to five (5) year                        | rs)              |                                 |  |
| Physical  | Address:  |  |                               |                                    |  |  |  |                  |                                 |  |
|   |   | Street Number  |                               | Apartment .                        | Number                                     | Street Name                                  |  |                  |                                 |  |
| NA - ilia a A   |   | City   |                               |                                    |  | State  |  |                  | Zip Code                        |  |
| Mailing Address:  |   | Address  |                               |                                    |  | City   |  | State            | Zip Code                        |  |
| Email Ac  | ldress:   |  |                               |                                    |  |  |  |                  |                                 |  |
| Phone Numbers:  |   | Ноте   |                               |                                    |  |  | Cell   |                  |                                 |  |
| Age:  |   | Date of Birth:   | 1                             | 1                                  | Place of Birth:                            |  |  | Are yo           | u a U.S. Citizen?<br>O Yes O No |  |
| Sex:  |   |  |                               |                                    |  |  | Hair Color:                                    |                  |                                 |  |
| Driver's I  |   |  |                               |                                    |  |  |  |                  |                                 |  |
|   |   |  |                               |                                    |  | _ Other State I.D.: _                        | State Number                                   |                  |                                 |  |
| Social Security Number: (Optional)  |   |  |                               |                                    |  |  |  |                  |                                 |  |
| O Yes<br>O Yes  | O No<br>O No  |  |                               |                                    |  |  |  |                  |                                 |  |
| O Yes O No Have you ever been convicted of a crime?   |   |  |                               |                                    |  |  |  |                  |                                 |  |
|   | O Yes O No Are you now or have you ever been under an indictment?   |  |                               |                                    |  |  |  |                  |                                 |  |
|   | O Yes O No Are you now or have you ever been treated for a mental illness or substance abuse (drugs/alcohol)? |  |                               |                                    |  |  |  |                  |                                 |  |
| O Yes   |   |  |                               |                                    |  |  |  |                  |                                 |  |
| O Yes   |   | O No Are you awaiting trial as a defendant in any criminal case? O No Have you been found guilty by reason of mentally illness in a criminal case? |                               |                                    |  |  |  |                  |                                 |  |
| O Yes   | O No  |  |                               |                                    |  |  |  | •                |                                 |  |
| O Yes   | O No  | Have you be  | en found not                  | guilty in a crim                   | linal case by reason                       | is of insanity or men                        | tal disease or defect'                         | ?                |                                 |  |
| O Yes   | O No  |  |                               |                                    | stand trial in a crim                      |  |  |                  |                                 |  |
| O Yes   | O No  |  |                               |                                    |  |  | ty or mental disease                           |                  | ^                               |  |
| O Yes<br>O Yes  | O No<br>O No  | Have you req   | uired involu                  | ntary outpatien                    | t treatment in a psy                       |  | the Uniform Code of<br>milar treatment facilit |                  |                                 |  |
| O Yes   | O No  | Have you red   | uired involu                  |                                    | ent to a psychiatric                       |  | eatment facility for an                        |                  |                                 |  |
| O Yes   | O No  | Have you bee<br>receipt or pos   | en the subje<br>ssession of a | ct of a prosecu<br>a firearm under | tion or of a commitn<br>the laws of Alabam | าent or incompetenc<br>a or the United State | y proceeding that coles?                       | uld lead to a pr | ohibition on the                |  |
| If you answered YES to any of the questions above, please use the space below to provide dates and places of arrests or treatment, charges, agency involved and dispositions. |   |  |                               |                                    |  |  |  |                  |                                 |  |
| ·   |   |  |                               |                                    |  |  |  |                  |                                 |  |
|   |   |  |                               |                                    |  |  |  |                  |                                 |  |
|   |   |  |                               |                                    |  |  |  |                  |                                 |  |
| l certify t<br>misleadii  |   | iswers are true,   | complete ar                   | nd correct and                     | I understand this ap                       | plication will be rejec                      | cted if any informatio                         | n is found to be | e false or                      |  |
| Applicant's Signature:  |   |  |                               |                                    |  |  | Date:  |                  |                                 |  |
| DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY  |   |  |                               |                                    |  |  |  |                  |                                 |  |
| APPROVED:   |   |  | FEE I                         | OR PERMIT \$                       |  | <u> </u>                                     |  |                  |                                 |  |
| DISAPPROVED:  |   |  | AUTH                          | IORIZED SIGNA                      | TURE:                                      |  |  |                  |                                 |  |
| NCIC  |   | ACJIC _  |                               | NICS _                             |  | TRANSACTI                                    | ON#  | 0                | THER                            |  |