STATE OF NORTH CAROLINA

APPLICATION FOR CONCEALED HANDGUN PERMIT

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 ☐ RENEWAL PERMIT

☐ DUPLICATE ☐ EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

Street Address	Date of Birth	Social Security Number — *Optional* ▶ *See Notification on page 2*

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	Hair

Telephone Number	County of Residence	Eyes	Height	Weight	Other Physical Description

▶ **RACE CODES:** ***A***–Asian or Pacific Islander, ***B***–Black, ***I***–American Indian or Alaskan Native, ***U***–Unknown, ***W***–White

APPLICATION

I, the undersigned applicant, being duly sworn, hereby make application for a North Carolina Concealed Handgun Permit and state that the following information is correct to the best of my knowledge.

1. Are you a citizen of the United States? (1) ☐ Yes ☐ No
   * **If No:** Have you been lawfully admitted for permanent residence? * ☐ Yes ☐ No
   ▶ ***If Yes****, attach documentation.*
2. Are you 21 years of age or older? (2) ☐ Yes ☐ No
3. Have you been a resident of North Carolina for 30 days or longer immediately preceding the date of this application? (3) ☐ Yes ☐ No
4. Do you suffer from a physical or mental infirmity that prevents the safe handling of a handgun? (4) ☐ Yes ☐ No
5. Have you successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force? ▶ ***If Yes,*** *attach documentation* (5) ☐ Yes ☐ No
   * **If No:** Do you meet any of the exceptions in N.C.G.S. § 14-415.12A? * ☐ Yes ☐ No
   ▶ ***If Yes****, attach documentation.*
6. Are you ineligible to own, possess, or receive a firearm under the provisions of state or federal law? (6) ☐ Yes ☐ No
7. Are you under indictment or have a finding of probable cause been entered against you for a pending felony charge? (7) ☐ Yes ☐ No
8. Have you been adjudicated guilty in any court of a felony? (8) ☐ Yes* ☐ No
   * **If Yes:** Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4? * ☐ Yes ☐ No
   ▶ ***If Yes****, attach documentation.*
9. Are you a fugitive from justice? (9) ☐ Yes ☐ No
10. Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (10) ☐ Yes ☐ No
11. Are you currently or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? (11) ☐ Yes ☐ No
12. Have you been discharged from the U.S. Armed Forces under conditions other than honorable? (12) ☐ Yes ☐ No
13. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed on page 3 of this form? ▶ *See "List of Disqualifying Criminal Offenses" on page 3* (13) ☐ Yes ☐ No
14. Have you had an entry of prayer for judgment continued for a criminal offense which would disqualify you from obtaining a handgun permit? (14) ☐ Yes ☐ No
15. Are you free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify you from obtaining a concealed handgun permit? (15) ☐ Yes ☐ No
16. Have you been convicted of an impaired driving offense under N.C.G.S. § 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? (16) ☐ Yes ☐ No

☐ **I hereby apply for a Temporary Emergency Permit for a nonrenewable period of up to 45 days based upon the information set forth below. I reasonably believe that an emergency situation exists which may constitute a risk of safety to me, my family, or my property.**

State Grounds for Temporary Emergency Permit *(Use attachment if necessary)*

☐ *(To be completed for RENEWALS only)* **– I currently hold a valid Concealed Handgun Permit issued by the _____ County Sheriff's Office. I hereby affirm that I remain qualified to receive and possess this Concealed Handgun Permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the NC General Statutes and the criteria outlined in this application.**

SWORN TO AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature of Person Authorized to Administer Oaths	Signature of Applicant
Title		
Date Commission Expires _____ **SEAL**		**CAUTION** Federal law and state law on the possession of handguns and firearms may differ. If you are prohibited by federal law from 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

Check List — check applicable boxes:

1. Nonrefundable Permit Fee Paid ..... ☐
2. One Full Set of Fingerprints Administered by the Sheriff's Office ..... ☐
3. Original Certificate of Completion of Approved Firearms Safety & Training Course ..... ☐
4. Renewal–Waiver of Application Firearm Safety & Training Course ... ☐
5. Attachment(s) *(Specify)*_____ ☐
6. Temporary Documentation ..... ☐
7. Other *(Specify)*_____ ☐
8. Date Issued Temporary Permit _____
9. Date Denied Temporary Permit _____
10. Date Issued Permit _____
    Permit Number _____
11. Date Denied Permit _____
12. Date Submitted to SBI _____
13. NICS Transaction Number (NTN)
    _____

Signature of Sheriff: _____

Original – Sheriff / Copy – Applicant

▶ **SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this Concealed Handgun Permit 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 Concealed Handgun Permit will be denied for failure to **disclose** a social security number.

LIST OF DISQUALIFYING CRIMINAL OFFENSES

▶ ***NOTE:*** ***If otherwise qualified, an applicant who has been found guilty OR received a prayer for judgment continued OR a suspended sentence for one of the offenses listed in 1-21 below, and THREE YEARS have passed PRIOR to the signed application date, CAN receive a Concealed Handgun Permit — N.C.G.S. § 14-415.12 (b)(8).***

1. Simple assault ..... N.C.G.S § 14-33(a)
2. Violation of court orders ..... N.C.G.S. § 14-226.1
3. Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition, or alcoholic beverages to inmates of charitable, mental, or penal institutions, or local confinement facilities ..... N.C.G.S. § 14-258.1
4. Carrying weapons on campus or other educational property ..... N.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumed ..... N.C.G.S. § 14-269.3
6. Carry weapons on state property and courthouses ..... N.C.G.S. § 14-269.4
7. Possession and/or sale of spring-loaded projectile knives ..... N.C.G.S. § 14-269.6
8. Impersonation of a law enforcement officer or other public officer ..... N.C.G.S. § 14-277
9. Communicating threats ..... N.C.G.S. § 14-277.1
10. Carrying weapons at parades and other public gatherings ..... N.C.G.S. § 14-277.2
11. Exploding dynamite cartridges and/or bombs (*except fireworks violations under N.C.G.S. § 14-414*) ..... N.C.G.S. § 14-283
12. Rioting and inciting a riot ..... N.C.G.S. § 14-288.2
13. Fighting or conduct creating the threat of imminent fighting or other violence ..... N.C.G.S. § 14-288.4(a)(1)
14. Looting and trespassing during an emergency ..... N.C.G.S. § 14-288.6
15. Assault on emergency personnel ..... N.C.G.S. § 14-288.9
16. Violations of City state of emergency ordinances ..... *Former* 14-288.12
17. Violations of County state of emergency ordinances ..... *Former* 14-288.13
18. Violations of State of emergency ordinances ..... *Former* 14-288.14
19. Convicted of impaired driving under G.S. §§ 20-138.1, 20-138.2, or 20-138.3 ..... N.C.G.S. § 14-415.12(b)(11)
20. Violations of the standards for carrying a concealed weapon ..... N.C.G.S. § 14-415.21(b)
21. Misrepresentation on certification of qualified retired law enforcement officers ..... N.C.G.S. § 14-415.26(d)

▶ ***NOTE: Offenses listed in 22-33 below are PERMANENT DISQUALIFIERS for a Concealed Handgun Permit.***

22. Assault inflicting serious injury or using deadly force ..... N.C.G.S. § 14-33(c)(1)
23. Assault on a female ..... N.C.G.S § 14-33(c)(2)
24. Assault on a child under the age of 12 ..... N.C.G.S. § 14-33(c)(3)
25. Assault inflicting serious injury or using a deadly weapon on a person in a personal relationship and in the presence of a minor ..... N.C.G.S. § 14-33(d)
26. Stalking ..... (*includes Former N.C.G.S. § 14-277.3*) ..... N.C.G.S. § 14-277.3A
27. Child abuse ..... N.C.G.S. § 14-318.2
28. Domestic criminal trespass ..... N.C.G.S. § 14-134.3
29. Domestic violence protective order violations ..... N.C.G.S. § 50B-4.1
30. Any person convicted of a "misdemeanor crime of domestic violence" as defined in federal law at 18 USC 922(g)(9).
31. Any crimes involving assault or a threat to assault a law enforcement officer, probation or parole officer, person employed at a State or local detention facility, firefighter, emergency medical technician, medical responder, or emergency department personnel.
32. Misdemeanor crimes that involve violence (other than the misdemeanors listed in items 1-21).
33. Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-21).



Davidson County Sheriff's Office

2511 E US Hwy 64 Lexington, NC 27292

CCW Permit Division

Richie T. Simmons, Sheriff

CCW APPLICANT

Please list the previous addresses you have lived at for the past

20 years (include current address)

NAME: _____

Date: _____

Addresses	Years
1._____	_____ thru_____
2._____	_____ thru_____
3._____	_____ thru_____
4._____	_____ thru_____
5._____	_____ thru_____
6._____	_____ thru_____
7._____	_____ thru_____
8._____	_____ thru_____
9._____	_____ thru_____
10._____	_____ thru_____
11._____	_____ thru_____
12._____	_____ thru_____
13._____	_____ thru_____
14._____	_____ thru_____
15._____	_____ thru_____

Davidson County Sheriff's Office

BACKGROUND INVESTIGATION RELEASE FORM

It is the responsibility of the Davidson County Sheriff's Office to comply with North Carolina General Statute G.S. 14-415, which includes a background check of all applicants for concealed carry permits. This check could involve interviews with family members, neighbors, or co-workers past and present. This check will include a check of your mental and physical wellbeing now and in the past. Law allows us to check complete criminal history, which includes local, state and nationwide checks. Your signature below allows us to search any and all sources which contain information that would allow complete and accurate background investigation.

I hereby release the Davidson County Sheriff's Office and its employees from any and all liability from the above search for information.

I also certify that all information on my Concealed Handgun Permit and on this background information sheet is true and accurate, knowing that any falsified information could disqualify me from obtaining the permit.

I can read and write and understand the above statements and authorize the officers to conduct a thorough background investigation.

_____ _____

Signature of Applicant **Date**

_____ _____

Signature of Witness (Davidson County Sheriff's Office) **Date**



Davidson County Sheriff's Office

Sheriff Richie T. Simmons

2511 E US Hwy 64

Lexington, NC 27292

NOTICE TO ALL APPLICANTS

Please read the following and sign below:

YOU ARE NOT AUTHORIZED TO CARRY A "CONCEALED HANDGUN" PER HOUSE BILL 90B UNTIL YOUR PERMIT HAS BEEN ISSUED BY THIS OFFICE. IF YOU HAVE NOT COMPLETED THE CONCEALED HANDGUN CLASS GIVEN BY A CERTIFIED NC INSTRUCTOR YOU MUST DO SO BEFORE THE PERMIT CAN BE PROCESSED. IF YOU ARE AN "EMERGENCY" APPLICANT, YOU ARE RESPONSIBLE FOR ALL LAWS PERTAINING TO THIS HANDGUN BILL AND YOU MUST COMPLETE THE APPLICANT PROCEDURE AND CLASSROOM PORTION WITHIN 45 DAYS.

I HAVE READ THE ABOVE INFORMATION _____ _____

YES NO

_____ _____

Signature of Applicant Date

_____ _____

Sheriff's Office Witness Signature ONLY Date

STATE OF NORTH CAROLINA

_____ County

RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT

G.S. 14-415.13(a)(5)

Name And Address Of Applicant	*Date Of Birth*	*Social Security No.*
	State Drivers License No. (State Identification No. if no Drivers License)	*State*

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

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.

Name Of Provider	**Address Of Provider**
VAYA-PARTNERS	901 SOUTH NEW HOPE ROAD, GASTONIA NORTH CAROLINA,28054

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

NOTE: *Pursuant to G.S. 14-415.15(a), no person, company, mental health provider, or governmental entity may charge additional fees to the applicant for a concealed handgun permit for a background check under that subsection.*

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		*Date*
Date	*Signature Of Person Authorized To Administer Oaths*	*Signature Of Applicant*
Title		
Date Commission Expires		**SEAL**

AOC-SP-914, Rev. 2/19

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