

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 <i>(If Applicable)</i>				<input type="checkbox"/> NEW PERMIT		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: <i>(Optional)</i>	City, County and State of Birth:					
City:	State:	Zip Code:	Driver's License Number: <i>(State ID Number if no Driver's License)</i>			State:	
Mailing Address:		Military Status:		Race:		Sex:	
		<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A		▶ See below for code			
Telephone Number:	County of Residence:	Eyes:	Hair:	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, 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 Supplemental Questions Document.* (2) Yes No *
* **If No**, provide your US Citizenship and Immigration Services Number here: _____
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?
▶ **If Yes**, attach documentation. * Yes No
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.

SUPPLEMENTAL QUESTIONS FOR NON-US CITIZENS

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.

Immigrant Alien– Legally accorded the privilege of residing permanently in the U.S. to work without restrictions. Typically, these individuals receive an ICE-Issued Permanent Resident Card/Green Card. ICE provides a United States Citizenship and Immigration Services (USCIS) #, which was formerly Alien Registration (AR) #.

Non-Immigrant Alien – An individual having permanent residency from another country but admitted into the U.S. for a temporary period of time, i.e. student, worker. ICE provides an I-94 # that can be obtained by the applicant from www.cbp.gov. In addition to the I-94#, those Non-Immigrants who work in the U.S. may also have an AR/USCIS #. Either number can be provided. NOTE: Most Non-Immigrants will be admitted into the U.S. under a Visa. It is necessary to know if the Non-Immigrant is under a Visa to make a final determination.

In order to determine if Non-U.S. Citizens are prohibited from possessing firearms under Federal law, it is necessary to obtain answers to the following questions.

- 1) Name _____
- 2) What is your country of citizenship? _____
- 3) What is your place of birth? (Country) _____

SELECT APPROPRIATE IMMIGRANT CLASSIFICATION: (only choose one)

- 4) **Immigrant Alien?** YES NO

What is your ICE-issued AR/USCIS#? _____

If the answer to Question 4 is "**YES**", use "**F**" in the Citizenship (CTZ) field and enter the **AR** code and number in the Miscellaneous Number (MNU) field of the appropriate **QDOF/QNP** transaction.

- 5) **Non-Immigrant Alien?** YES NO

What is your ICE-issued I-94#? _____

If the answer to Question 5 is "**YES**", proceed to Question 5a.

- 5a) **Admitted under Non-Immigrant Visa?** YES NO

If the answer to Question 5a is "**YES**", proceed to Question 5b.

If the answer to Question 5a is "**NO**", use "**F**" in the Citizenship (CTZ) field, "**N**" in the Exception Documentation (EXC) field since an exception is not required and enter the **AR** code and number in the Miscellaneous Number (MNU) field of the appropriate **QDOF/QNP** transaction.

- 5b) Which of the following exceptions set forth in 18Z USC 922(y) do you meet? Please attach documentation to support your entitlement to the claimed exemption, if applicable.

- | | |
|---|---|
| <input type="checkbox"/> Valid Hunting License/Permit = Y | <input type="checkbox"/> Foreign Law Enforcement Officer = Y |
| <input type="checkbox"/> Official Representative of a Foreign Government = Y | <input type="checkbox"/> Waiver from Prohibition = Y |
| <input type="checkbox"/> Foreign Government Official/Distinguished Visitor = Y | <input type="checkbox"/> No Documentation Provided = N |

Validate the exception and then use "**F**" in the Citizenship (CTZ) field, "**Y**" in the Exception Documentation (EXC) field and enter the **AN** code & number in the Miscellaneous Number (MNU) field of the appropriate **QDOF/QNP** transaction. **NOTE:** If an exception is not provided, then use "**N**" in the Exception Documentation (EXC) field. This individual is prohibited. Do not initiate a transaction until they obtain an appropriate exception.

I certify that the above answers are true and correct.

Immigrant's Signature

Date

Release of Court Orders Concerning Mental Health and Capacity for Pistol Purchase Permit

STATE OF NORTH CAROLINA _____ County	RELEASE OF COURT ORDERS CONCERNING MENTAL HEALTH AND CAPACITY FOR PISTOL PURCHASE PERMIT <div style="text-align: right;">G.S. 14-404(e1)</div>				
<i>Name And Address Of Applicant</i>	<i>Date Of Birth</i>				
	<i>Social Security No.</i>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"><i>State Drivers License No. (State Identification No. if no drivers license)</i></td> <td style="width: 20%; padding: 2px;"><i>State</i></td> </tr> </table>	<i>State Drivers License No. (State Identification No. if no drivers license)</i>	<i>State</i>		
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<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>					
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	<i>Date</i>				
<i>Date</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><i>Signature Of Person Authorized To Administer Oaths</i></td> <td style="width: 50%; padding: 2px;"><i>Signature Of Applicant</i></td> </tr> </table>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>		
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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.*

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