



Houston 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 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 residence: _____ 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 Numbers: _____
Cell Home

Age: _____ Date of Birth: _____ Place of Birth: _____

Sex: Male Female Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Drivers License Number: _____ Other State I.D.: _____
State Number State Number

Social Security Number: _____ / _____ / _____ Are you a U.S. Citizen: Yes No

- 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 indictment? _____
- Yes No Are you now or have you ever been treated for a 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 been found guilty by reason of mental illness in a criminal case? _____
- Yes No Have you been found not guilty in a criminal case by reason of insanity or mental disease or defect? _____
- Yes No Have you been declared incompetent to stand trial in a criminal case? _____
- Yes No Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect? _____
- Yes No Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice? _____
- Yes No Have you 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 to others? _____
- Yes No Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, 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? _____

If you answered YES to any of the questions above, please use the space below to provide dates and places of arrests or treatments, 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's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approved: _____ Fee For Permit \$ _____

Disapproved: _____ Authorized Signature: _____

NCIC _____ NICS _____ Transaction # _____ Other: _____

CAD _____ CRIMES _____