



Tuscaloosa 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 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..

Full Name _____
Last
First
Middle

Other Names You Have Been Known By: _____

County of Residence: _____ Requesting permit for _____ years (@ \$20 per year, non-refundable fee, 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: _____
Home
Cell

Age: _____ Date of Birth: ___/___/___ Place of Birth: _____ Are you a U.S. Citizen? Yes No

If no, you must complete an Alien Inquiry Information form

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

Driver's License Number: _____ Other State I.D. _____
State
Number
State
Number

Social Security Number: _____ - _____ - _____

- 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 an 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 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 reasons 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 commitment to 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 under the laws of Alabama or the United States?

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.

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 _____ ACJIC _____ NICS _____ TRANSACTION # _____ OTHER _____