# NEW CONCEALED HANDGUN

1-COMPLETE APPLICATION AND HAVE NOTARIZED.

2- COMPLETE PHYSICAL AND MENTAL HEALTH RELEASE FORM AND HAVE NOTARIZED.

3- SIGN DO'S AND DON'T FORM

4- ATTACH COPY OF YOUR DD214 (SERVICE DISCHARGE PAPERS)

5- ATTACH ORIGINAL CERTIFICATE FROM FIREARM SAFETY AND TRAINING COURSE

## FEE....$90 CASH ONLY

EXACT CHANGE

NON-REFUNDABLE

## CALL FOR AN APPOINTMENT TO TURN IN APPLICATION

## 919-718-4561

JOYCE PHILLIPS EXT#5

OR

LISA BLACK EXT#6

# STATE OF NORTH CAROLINA

# APPLICATION FOR CONCEALED HANDGUN PERMIT

☐ NEW PERMIT ☐ RENEWAL PERMIT

☐ DUPLICATE ☐ EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

| 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)* | | | | | | | |
|---|---|---|---|---|---|---|---|
| Street Address | | | Date of Birth | | Social Security Number ▶ *See Notification on page 3* | | |
| 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:** ***AI***-American Indian, ***A***-Asian, ***B***-Black, ***H***-Native Hawaiian, ***P***-Pacific Islander, ***W***-White, ***L***-Latino/Hispanic

## 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.**

*(Check Appropriate Boxes)*

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 has 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 | | CAUTION<br>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. |
| Date Commission Expires<br>_____ | SEAL | |

## 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*

## LIST OF DISQUALIFYING CRIMINAL OFFENSES

▶ ***NOTE:*** *Effective July 1, 2015 for all CHP applications – an applicant who has been found guilty of or received a prayer for judgment continued or a suspended sentence for one of the offenses listed in 1-20, AND THREE YEARS HAS PASSED PRIOR TO SUBMITTING THE APPLICATION, can receive a Concealed Handgun Permit.*

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. Carry 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 ..... N.C.G.S. § 14-288.12
17. Violations of County state of emergency ordinances ..... N.C.G.S. § 14-288.13
18. Violations of State of emergency ordinances ..... N.C.G.S. § 14-288.14
19. Violations of the standards for carrying a concealed weapon ..... N.C.G.S. § 14-415.21(b)
20. Misrepresentation on certification of qualified retired law enforcement officers ..... N.C.G.S. § 14-415.26(d)

▶ ***NOTE:*** *Offenses listed in 21-32 are permanent disqualifiers for a Concealed Handgun Permit.*

21. Assault inflicting serious injury or using deadly force ..... N.C.G.S. § 14-33(c)(1)
22. Assault on a female ..... N.C.G.S § 14-33(c)(2)
23. Assault on a child under the age of 12 ..... N.C.G.S. § 14-33(c)(3)
24. 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)
25. Stalking ..... N.C.G.S. § 14-277.3A
26. Child abuse ..... N.C.G.S. § 14-318.2
27. Domestic criminal trespass ..... N.C.G.S. § 14-134.3
28. Domestic violence protective order violations ..... N.C.G.S. § 50B-4.1
29. Stalking ..... Former N.C.G.S. § 14-277.3
30. Any person convicted of a "misdemeanor crime of domestic violence" as defined in federal law at 18 USC 922(g)(8).
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 1-20).
33. Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-20).

▶ 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.

# PRIOR ADDRESSES

(Please give the last ten years with dates)

## "DO'S AND DON'TS" OF CARRYING A CONCEALED HANDGUN

1. Your permit to carry a concealed handgun must be carried along with valid identification whenever the handgun is being carried concealed.

2. When approached or addressed by any officer, you must disclose the fact that you have a valid concealed handgun permit and inform the officer that you are in possession of a concealed handgun. You should not attempt to draw or display either your weapon or your permit for the officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.

3. At the request of any law enforcement officer, you must display both the permit and valid identification.

4. You may not, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any substance, controlled or otherwise, is in your blood unless the substance was obtained legally and taken in therapeutically appropriate amounts.

5. You must notify the sheriff who issued your permit of any address change within thirty (30) days of the change of address.

6. If a permit is lost or destroyed, you must notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect, along with the required fee. Do not carry a handgun without it.

7. Even with a permit, you may not carry a concealed handgun in the following areas:

   a. Any law enforcement or correctional facility;
   b. Any space occupied by State or federal employees;
   c. Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
   d. Public educational property, however a permittee may secure a handgun in a locked vehicle;
   e. Areas of assemblies or demonstrations;
   f. State occupied property;
   g. Any State or federal courthouse;
   h. Any area prohibited by federal law;
   i. Any local government building if the local government has adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.

8. If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do not remove your hands from the wheel until instructed to do so by the officer.

_____ _____

SIGNATURE DATE

| **STATE OF NORTH CAROLINA**<br>_____ County | RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT |
|---|---|
| *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 of 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** |
|---|---|
| LEE COUNTY CLERK OF COURT | 1408 HORNER BLVD, SANFORD, NC 27330 |
| SANDHILLS CENTER FOR MH/DD | 130 CARBONTON RD, SANFORD, NC 27330 |
| DAYMARK RECOVERY | |
| HOLLY HILL HOSPITAL | 3019 FALSTAFF RD, RALEIGH, NC 27610 |
| MOORE REGIONAL - HIM | P.O. BOX 3000, PINEHURST NC 28374 |
| | |
| | |

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.

Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. 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.

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

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