



CULLMAN 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 or report to law enforcement. (Title 13A-10-109, Code of Alabama).
A criminal history background check will be conducted on each applicant.

Full Name: _____
Last First Middle

Social Security Number: _____ - _____ - _____ Age: _____ Date of Birth: ____/____/____ Sex: ☐ Male ☐ Female Race: _____

Other Names You Have Been Known By: _____

County of residence: _____ Requesting permit for _____ years (you may apply for up to five [5] years)

Physical Address: _____
(Not a P.O. Box) *Street Number Apartment Number Street Name City State Zip Code*

Mailing Address: _____
Address City State Zip Code

Email Address: _____

Phone Numbers: _____ *Cell Phone Home Phone Work Phone* Place of Birth (City, State): _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Are you a U.S. Citizen?
☐ Yes ☐ No

Driver's License Number: _____ *State License Number* Other State ID: _____ *State License Number*

(PLEASE PUT A CHECK BESIDE YOUR ANSWER)

- | | | |
|-----|----|---|
| Yes | No | Have you ever had a pistol permit ? If yes, where and when ? _____ |
| Yes | No | Have you ever been convicted of a crime? |
| Yes | No | Have you ever had a pistol permit denied or revoked? If so, where and when? _____ |
| Yes | No | Are you now or have you ever been under an indictment by a Grand Jury? |
| 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 or protection 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 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 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 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: _____ (INITIAL)

RECORD FOUND? ☐ YES//☐ NO

RECORD CHECKED BY: _____ (INITIAL)

DENIED: _____ (INITIAL)

NEED DISPOSITION? ☐ YES//☐ NO

NCIC:☐ ACJIC:☐ NICS:☐

AUTHORIZED SIGNATURE: _____

DATE APPROVED/DENIED: _____