

Application for Gun Permit

To: _____
(Title of Law Enforcement Official or Other Authority)

County of _____

State of _____

I, the undersigned, in accordance with the provisions of _____
(citation of state statute), make application for a _____ **(License or Permit)**
to carry concealed the following weapon:

1. Description of weapon:

- Pistol,
- Revolver
- Other Weapon): **(describe)** _____

2. Name of Manufacturer: _____

3. Serial No.: _____

4. Caliber: _____

In support of this application, the following information is hereby submitted:

A. Applicant's Name: _____

B. Date of Birth of Applicant: _____

C. Age: _____

D. Birthplace of Applicant: _____

E. Sex: _____

F. Occupation: _____

G. Present Address: _____

H. Former Addresses (last ___ years): _____

I. Business Address: _____
_____ **(street number, city, county, state and zip code)**

J. Marital Status (Married/Single/Divorced): _____

K. Home Telephone Number: _____

L. Work Telephone Number: _____

M. Identification _____ **(driver's license, include state of issue and number)**

N. Height of Applicant: _____

O. Weight of Applicant: _____

P. Color of Eyes: _____

Q. Color of Hair: _____

R. Social Security No. _____

S. Reason for desiring a license to carry concealed the above-described weapon:

1. Have you ever suffered from a mental disorder? [] Yes [] No

2. Have you ever been confined in a mental institution? [] Yes [] No

If yes, where was it? (Name and Location): _____

3. Have you ever been convicted of an offense other than a traffic violation in this or any other state? [] Yes [] No

If yes, provide details of prior conviction: _____

4. Are you under indictment in this state for a crime having a penalty in excess of _____ months? [] Yes [] No

If yes, provide details of indictment: _____

5. Give two character references who (1) are not related to you; (2) are residents of _____ **(name of county)**; and (3) are at least 21 years old.

a. Name: _____

Address: _____

Phone Number: _____

b. Name: _____

Address: _____

Phone Number: _____

6. List the Names of any Police Officer or Deputy Sheriff who knows you:

a. Name: _____

Agency or Department: _____

Phone Number: _____

b. Name: _____

Agency or Department: _____

Phone Number: _____

I certify that the above information is true and correct. **(Note: False Certification of Information will Result in Refusal or Revocation).**

Witness my signature this the _____ **(date)**.

(Printed Name of Applicant)

(Signature of Applicant)

Information to be Inserted by Board or Officer Issuing License

To the Applicant:

Your application for a license to carry concealed the above-described weapon is:

[] Approved

[] Denied for the following reasons: _____

A license issued under this application expires _____ (*number of months or years*) after the date of issuance.

- Number of License Issued: _____
- Date issued: _____

Dated: _____

(Printed Name of Officer Issuing License)

(Signature of Officer Issuing License)