



Office of the Sheriff
Michael D. Andrews, Sheriff

RENEWAL CONCEALED CARRY PERMIT APPLICATION

PERMIT APPLICATION \$75.00 CASH

*******NOTICE*******

IN ORDER TO APPLY FOR RENEWAL OF A CONCEALED HANDGUN PERMIT, YOU NEED:

- ❖ NORTH CAROLINA DRIVER'S LICENSE OR A STATE IDENTIFICATION CARD.
- ❖ COMPLETED APPLICATION PACKET:
 - APPLICATION IN TRIPLICATE (PAGES 2 AND 3 ONLY)
 - MEDICAL RELEASE FORM
 - VA MEDICAL RELEASE FORM (IF EVER IN MILITARY)
 - DOS & DON'TS OF CONCEALED HANDGUN WITH SIGNATURE SHEET
 - AFFIDAVIT
- ❖ A NON-REFUNDABLE APPLICATION FEE OF **\$75.00** CASH.
(PLEASE HAVE CORRECT CHANGE.)
- ❖ THIS WILL BE UP TO A 45 DAY PROCESS AFTER ALL MEDICAL INFORMATION IS RECEIVED.

PLEASE TYPE OR PRINT IN BLACK INK. ILLEGIBLE INFORMATION WILL DELAY PROCESSING OF YOUR APPLICATION, OR POSSIBLY RESULT IN ITS DENIAL.



STATE OF NORTH CAROLINA

APPLICATION FOR CONCEALED HANDGUN PERMIT

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)

- NEW PERMIT RENEWAL PERMIT
 DUPLICATE EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

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 <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A		Race ▶ See below for code	Sex
Telephone Number	County of Residence		Eyes	Height	Weight	Other Physical Description

▶ RACE CODES: **A**-Asian or Pacific Islander, **B**-Black, **I**-American Indian or Alaskan Native, **U**-Unknown, **W**-White

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	<p style="text-align: center;">CAUTION</p> <p>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.</p>	
Date Commission Expires		
SEAL		

SHERIFF USE ONLY

Check List — check applicable boxes:

- | | |
|--|---|
| 1. Nonrefundable Permit Fee Paid <input type="checkbox"/> | 8. Date Issued Temporary Permit _____ |
| 2. One Full Set of Fingerprints Administered by the Sheriff’s Office <input type="checkbox"/> | 9. Date Denied Temporary Permit _____ |
| 3. Original Certificate of Completion of Approved Firearms Safety & Training Course <input type="checkbox"/> | 10. Date Issued Permit _____
Permit Number _____ |
| 4. Renewal–Waiver of Application Firearm Safety & Training Course ... <input type="checkbox"/> | 11. Date Denied Permit _____ |
| 5. Attachment(s) (Specify) _____ <input type="checkbox"/> | 12. Date Submitted to SBI _____ |
| 6. Temporary Documentation <input type="checkbox"/> | 13. NICS Transaction Number (NTN) _____ |
| 7. Other (Specify) _____ <input type="checkbox"/> | |

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 assaultN.C.G.S § 14-33(a)
2. Violation of court ordersN.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 officersN.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.

STATE OF NORTH CAROLINA _____ County	RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT	
<i>Name And Address Of Applicant</i>	<i>Date Of Birth</i>	
	<i>Social Security No.</i>	
	<i>State Drivers License No. (State Identification No. If No Drivers License)</i>	<i>State</i>
<p>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.</p> <p>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 or 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.</p>		
Name Of Provider	Address Of Provider	
<p>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.</p> <p>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.</p>		
SWORN AND SUBSCRIBED TO BEFORE ME		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>
<i>Title</i>		
<i>Date Commission Expires</i>		
		SEAL



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record - VA" and in accordance with the Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)	PATIENT NAME (Last, First, Middle Initial)
	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

DRUG ABUSE
 ALCOHOLISM OR ALCOHOL ABUSE
 TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV)
 SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)

COPY OF HOSPITAL SUMMARY
 COPY OF OUTPATIENT TREATMENT NOTE(S)
 OTHER (Specify)

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient); (3) under the following condition(s):

I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

DATE (mm/dd/yyyy)	SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, e.g., POA)
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FOR VA USE ONLY

IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security Number)	TYPE AND EXTENT OF MATERIAL RELEASED	
	DATE RELEASED	RELEASED BY



Office of the Sheriff
Michael D. Andrews, Sheriff

THE DOS AND DON'TS OF CARRYING A CONCEALED HANDGUN

- YOUR PERMIT TO CARRY A CONCEALED HANDGUN **MUST** BE CARRIED ALONG WITH VALID IDENTIFICATION WHENEVER THE HANDGUN IS BEING CARRIED CONCEALED.
- 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 TO THE OFFICER UNLESS AND UNTIL HE DIRECTS YOU TO DO SO. YOUR HANDS ARE TO BE KEPT IN PLAIN VIEW AND YOU ARE NOT TO MAKE ANY SUDDEN MOVEMENTS.
- AT THE REQUEST OF ANY LAW ENFORCEMENT OFFICER, YOU **MUST** DISPLAY BOTH THE PERMIT AND VALID IDENTIFICATION.
- YOU **MAY NOT**, WITH OR WITHOUT A PERMIT, CARRY A CONCEALED WEAPON WHILE CONSUMING ALCOHOL OR WHILE ALCOHOL OR ANY CONTROLLED SUBSTANCES ARE IN YOUR BLOOD UNLESS THE CONTROLLED SUBSTANCE WAS OBTAINED LEGALLY AND TAKEN IN THERAPEUTICALLY APPROPRIATE AMOUNTS.
- YOU **MUST** NOTIFY THE SHERIFF'S OFFICE WHO ISSUED THE PERMIT OF ANY ADDRESS CHANGE WITHIN THIRTY (30) DAYS OF THE CHANGE OF ADDRESS. YOU **MUST** HAVE YOUR CURRENT ADDRESS ON YOUR LICENSE BEFORE WE CAN MAKE A CHANGE.
- 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.
- EVEN WITH A PERMIT, YOU **MAY NOT** CARRY A CONCEALED HANDGUN IN THE FOLLOWING AREAS:
 - ANY LAW ENFORCEMENT OR CORRECTIONAL FACILITY;
 - ANY SPACE OCCUPIED BY STATE OR FEDERAL EMPLOYEES;
 - ANY PREMISES WHERE THE CARRYING OF A CONCEALED HANDGUN IS PROHIBITED BY THE POSTING OF A STATEMENT BY THE CONTROLLER OF THE PREMISES;
 - EDUCATIONAL PROPERTY;
 - STATE OCCUPIED PROPERTY;
 - ANY STATE OR FEDERAL COURTHOUSE;
 - IN ANY AREA PROHIBITED BY FEDERAL LAW;
 - ANY LOCAL GOVERNMENT BUILDING IF THE LOCAL GOVERNMENT HAS ADOPTED AN ORDINANCE AND POSTED SIGNS PROHIBITING THE CARRYING OF CONCEALED WEAPONS.
- 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.

THIS IS TO CERTIFY THAT I HAVE READ AND UNDERSTAND THE DOS AND DON'TS OF CARRYING A CONCEALED HANDGUN.

 DATE

 SIGNATURE OF APPLICANT

 DATE

 SIGNATURE OF WITNESS