



A. C. Stokes
SHERIFF'S OFFICE

County of Davie
140 South Main Street
Mocksville, North Carolina 27028
Phone: (336) 751-6238



RENEWAL
CONCEALED CARRY PERMIT

Complete all information on the application.

Complete all information on the release order.

Complete all information on affidavit.

These documents must be signed and notarized before calling for an appointment.

DO NOT SIGN EXCEPT IN THE PRESENCE OF A NOTARY

After you have completed the application and release order and affidavit and had them notarized, contact Captain S.D. Moxley Jr. or Lt. J. Harpe at 751-2850, Monday through Friday, between 8:00am and 9:00 am to schedule and appointment for further processing and fingerprints. When you come for you appointment, you must bring your completed forms and \$85.00 in cash, correct change only, (NO CHECKS), and your drivers license.

The disclosure of your Social Security number as a part of the concealed carry permit application is voluntary. The purpose of requesting the social security number is to assist us in your identification, and to help distinguish you from other persons with similar names. No concealed carry permit will be denied, for failing to disclose your social security number.

LIST OF DISQUALIFYING CRIMINAL OFFENSES

1. Harassment of and communication with jurors [G.S. 14-225.2]
2. Violating orders of court [14-226.1]
3. Furnishing poison, controlled substances, dangerous weapons, cartridges, ammunition or alcoholic beverages to inmates of charitable, mental or penal institutions or local confinement facilities [14-258.1]
4. Weapons on campus or other educational property [14-269.2]
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and consumed 4269.3]
6. Weapons on state property and courthouses [14-269.4]
7. Possession and sale of spring-loaded projectile knives [14-269.6]
8. Impersonation of fireman or emergency medical services personnel [14-276.1]
9. Impersonation of a law enforcement or other public officer [14-277.1]
10. Communicating threats [14-277.1]
11. Weapons at parades, and other public gatherings [14-277.2]
12. Stalking [14-277.3]
13. Throwing or dropping of objects at sporting events [14-281.1]
14. Exploding dynamite cartridges and bombs [14-283]
15. Riot and inciting to riot [14-288.2]
16. Fighting or conduct creating a threat of imminent fighting or other violence [14-288.4(a)(1)]
17. Making or using any utterance, gesture, display or abusive language which is intended and plainly likely to provoke violent retaliation and thereby create a breach of peace [14-28.4(a)(2)]
18. Looting and trespassing during an emergency [14-288.6]
19. Assault on emergency personnel [14-288.9]
20. Violations of city State of Emergency Ordinances [14-288.12]
21. Violation of county State of Emergency Ordinances [14-288.13]
22. Violation of State of Emergency Ordinances [14-288.14]
23. Child abuse [14-318.2]
24. Violations of the standards for carrying a concealed weapon [14-415.2(b)]
25. Any crime of violence found in Article 14 in the North Carolina General Statutes.

SOCIAL SECURITY NUMBER:

The disclosure of your social security number as a part of the pistol purchase or 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 pistol purchase or concealed handgun permit will be denied for failing to disclose a social security number.

STATE OF NORTH CAROLINA	RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT	
_____ County		
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 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.

To: CSC, Broughton Hospital, Centerpoint human services, daymark

Name Of Provider	Address Of Provider

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		

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Mail to: **Capt. S.D. Moxley Jr.**
 Captain Administrative Services
 Domestic Violence Field Trainer
 Davie County Sheriff's Office
 140 South Main St
 Mocksville NC 27028
 (336)751-2850

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE MATTER OF THE RENEWAL OF
THE CONCEALED HANDGUN PERMIT FOR:

**AFFIDAVIT OF
QUALIFICATION**

Name

Permit Number

I Currently hold a concealed handgun permit originally issued by the Sheriff of _____ County, North Carolina. Pursuant to NCGS 14-415.16, I am hereby making timely application for the renewal of this permit. I hereby affirm that I have not violated any of the standards for carrying a concealed handgun and remain qualified to possess this permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the North Carolina General Statutes.

This the _____ day of _____, 20____

Signature

State of North Carolina

County of Davie

Sworn and subscribed before me, this the _____ day of _____, 20____

(seal)
Notary Public

My commission expires _____