



Sheriff Andy Stokes

Davie County Sheriff's Office
140 South Main Street
Mocksville, NC 27028



Main: 336.751.6238 Fax: 336.751.5470

Carry Concealed Handgun Permit

~ New Application ~

- Complete all information on the application.
- Complete all information on the release order.
- These documents must be signed and notarized before calling for an appointment.
- **DO NOT SIGN FORMS, EXCEPT IN THE PRESENCE OF A NOTARY**

After you have completed the application, release order and forms have been notarized; contact **Capt. Moxley @ 336-936-2940** or **Lt. Harpe @ 336-936-2941**.

Please call Monday through Friday, between 8:00 am – 9:00 am, to schedule an appointment for further processing and fingerprints. When you come for your appointment, you must bring:

- 1) Drivers license.
- 2) The **original** certificate of firearms training. (we will keep)
- 3) A **copy** of your DD-214 if you were in the military. (we will keep)
- 4) **\$90.00 (cash)** *correct change only - no checks*
- 5) **\$5.00 (check)**, Payable to **Centerpoint Human Services** for background check.
- 6) **\$10.00 (check)**, Payable to **Daymark** for a background check.

Note: Carry Concealed handgun Permit expires in five years.

The disclosure of your Social Security Number, as a part of the concealed carry weapon 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.

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.)		<input type="checkbox"/> NEW PERMIT		<input type="checkbox"/> EMERGENCY TEMPORARY PERMIT	
		<input type="checkbox"/> DUPLICATE			
		<input type="checkbox"/> RENEWAL PERMIT		G.S. 14-415.10 et seq.	
Street Address		Date Of Birth		Social Security No. (see notification on back of form)	
City State Zip		State Drivers License No. (State Identification No. If No Drivers License)			State
Mailing Address		Military Status		Race	Sex
		<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> N/A			
Telephone No.	County Of Residence	Eyes	Height	Weight	Other Physical Description

APPLICATION

I, the undersigned applicant, being duly sworn, hereby make application for a concealed handgun permit and state that the following information is correct to the best of my knowledge.

I am a citizen of the United States and have been a resident of North Carolina 30 days or longer immediately preceding the filing of this Application. I am 21 years of age or older. I do not suffer from a physical or mental infirmity that prevents the safe handling of a handgun.

1. 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 certificate of completion.) (check applicable boxes)
2. Are you ineligible to own, possess, or receive a firearm under the provisions of state or federal law? (1) Yes No
3. Are you under indictment or has a finding of probable cause been entered for a pending felony charge? (2) Yes No
4. Have you been adjudicated guilty in any court of a felony? (3) Yes No
5. Are you a fugitive from justice? (4) Yes No
6. 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? (5) Yes No
7. Are you currently, or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? (6) Yes No
8. Have you been discharged from the armed forces under conditions other than honorable? (7) Yes No
9. Have you been adjudicated guilty of or received a prayer for judgment continued or 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 the reverse side of this form? (see reverse side) (8) Yes No
10. Have you had an entry of a prayer for judgment continued for a criminal offense which would disqualify you from obtaining a concealed handgun permit? (9) Yes No
11. 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? (10) Yes No
12. Have you been convicted of an impaired driving offense under G.S. 20-138.1, 20-138.2 or 20-138.3 within three years prior to the date of this application? (11) Yes No

I hereby apply for a temporary emergency permit for a nonrenewable period of up to 90 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)

SWORN AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
Title	SEAL CAUTION: Federal law and State law on the possession of handguns and firearms 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		

SHERIFF USE ONLY

(check list -check applicable boxes)

1. Nonrefundable permit fee paid 2. Two full sets of fingerprints administered by the Sheriffs Department

3. Original certificate of completion of approved firearms safety and training course

4. Renewal - Waiver of Application Firearm Safety and Training Course 5. Attachment(s) (specify) _____

6. Temporary documentation 7. Other _____

8. Date temporary permit issued _____ 9. Date Temporary permit denied _____

10. Date permit issued _____ Permit No. _____ 11. Date Permit denied _____

12. Date submitted to SBI _____ 13. NICS Transaction Number (NTN) _____

Signature of Sheriff _____

Original - Sheriff Copy - SBI Copy - Applicant
(Over)

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 [14-269.3]
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 law enforcement or other public officer [14-277]
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. Disorderly conduct - fighting or conduct creating a threat of imminent fighting or other violence [14-288.4(a)(1)]
17. Disorderly conduct - making or using any utterance, gesture, display, or abusive language that is intended and plainly likely to provoke violent retaliation and thereby create a breach of peace [14-288.4(a)(2)]
18. Looting and trespassing during an emergency [14-288.6]
19. Assault on emergency personnel [14-288.9]
20. Violation 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. Violation of the standards for carrying a concealed weapon [14-415.21(b)]
25. Assaults [Article 8 of Chapter 14 of the General Statutes]

SOCIAL SECURITY NUMBER:

This 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 _____ 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 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: Clerk Of Superior Court, Broughton	Hospital, Central Regional 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		

Mail to: Capt S.D. Moxley
 Administrative Services / Domestic Violence Field Trainer
 Davie County Sheriff's Office 140 South Main Street
 Mocksville NC 27028 (336)936-2940 (office)



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Name of Applicant (<i>PRINT-Last, First, Middle</i>)	Place of Birth (<i>City, State</i>)

List **ALL** previous addresses:

#	Year Relocated	House Number & Street	City	State	Zip Code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note: If you were in the Military, list where you were based (i.e. Fort Bragg N.C.)