

Office Of The Sheriff Davie County

STATE OF NORTH CAROLINA COUNTY OF DAVIE				APPLICATION FOR PISTOL PERMIT G.S.14-403, 403,404 GS 14-315			
NAME OF APPLICANT (PRINT-Last, First, Middle, Maiden)			Date of Birth		Age	Social Security number	
Residence street address			State Drivers License number/Expiration Date			State	
City	State	Zip	Race	Sex	Height	Weight	Hair Color
Name of Spouse or Room Mate			Name of Employer		Phone		
Telephone Number		County of Residence		Employer's Address		Phone	

**APPLICATION**

I, the undersigned applicant, being duly sworn, hereby make application for a permit to receive one (1) pistol and state that the following information is correct to the best of my knowledge: \_\_\_\_\_ Initial

I understand that I cannot sell, trade, give away or otherwise dispose of pistol that I purchase with a permit unless the new owner has applied for and received a pistol permit in his or her name. \_\_\_\_\_ Initial

Purchase of this pistol will be for (check which applies) \_\_\_\_\_ Protection of my home, business, Person, Family or Property

- |  |                  |                |
|--|------------------|----------------|
| _____ Target shooting  | _____ Collecting | _____ Hunting  |
| 1. I am a citizen of the United States and a legal resident of Davie County, North Carolina  | _____ True       | _____ Not True |
| 2. I am 21 years of age or older   | _____ True       | _____ Not True |
| 3. I do not suffer from a physical or mental infirmity that prevents the safe handling of a handgun  | _____ True       | _____ Not True |
| 4. I am of good moral character  | _____ True       | _____ Not True |
| 5. I am under no indictment or information in any state or in any court of the United States for a felony.   | _____ True       | _____ Not True |
| 6. I have never been convicted without pardon in any state or any court of the United States of a felony<br>(Other than a felony pertaining to antitrust violations, unfair trade practices or restraints of trade.) | _____ True       | _____ Not True |
| 7. I am not a fugitive from justice.   | _____ True       | _____ Not True |
| 8. I have never been adjudicated incompetent on the grounds of mental illness  | _____ True       | _____ Not True |
| 9. I have never been committed to a mental institution   | _____ True       | _____ Not True |
| 10. I am not under any court order or have been convicted for any Domestic Violence  | _____ True       | _____ Not True |
| 11. I am not an unlawful user of or addicted to marijuana or any depressant, stimulant or narcotic drug.   | _____ True       | _____ Not True |
| 12. I am not an alien illegally or unlawfully in the United States, or who was admitted to the U.S.<br>Under a non-immigrant visa  | _____ True       | _____ Not True |
| 13. I have not been discharged from the armed forces under dishonorable conditions   | _____ True       | _____ Not True |
| 14. I am not one who has renounced my United States Citizenship.   | _____ True       | _____ Not True |
| 15. I will assume responsibility for compliance with all local, state, and federal weapon's laws.  | _____ True       | _____ Not True |
| 16. I will not carry such weapon concealed in violation of the law.  | _____ True       | _____ Not True |
| 17. There is no one residing in my residence that has been convicted of a felony without pardon by a court of law  | _____ True       | _____ Not True |

I hereby authorize the release of any and all information in order to verify my employment and residence status  
I understand that any false statement in connection with this application will result in the denial of this application

The disclosure of your social security account number as a part of the pistol purchase application is voluntary. The purpose of requesting the social security account number is to assist in your identification at to help distinguish you from other persons with similar names. No pistol purchase permit will be denied to you for failing to disclose their social security account number.

I DO HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ANY FALSIFICATION OF THE ABOVE INFORMATION WILL RESULT IN THE REFUSAL OF MY APPLICATION FOR A PISTOL PERMIT.

Date	Signature of Applicant
SWORN AND SUBSCRIBED TO BEFORE ME	Date
Signature	Title
My commission Expires	Seal

**SUPPLEMENTARY QUESTIONS FOR APPLICANTS  
FOR A PERMIT TO PURCHASE A HANDGUN**

**Prohibitions applicable to certain aliens.** Federal law makes it unlawful for aliens who are illegally or unlawfully in the United States to receive or possess firearms. In addition, subject to certain exemptions, aliens who are in a non-immigrant status are prohibited from possessing or receiving firearms in the United States.

A non-immigrant alien is not subject to this prohibition if the alien:

- 1) is in possession of a valid hunting license or permit lawfully issued in the United States;
- 2) is an official representative of a foreign government who is accredited to the United States Government or his or her government's mission to an international organization having its headquarters in the United States; or
- 3) has received a waiver from the prohibition from the Attorney General of the United States.

See 18 USC 922(y)(2) for additional exceptions. In order to determine whether applicants who are not U.S. citizens are prohibited from possessing firearms under Federal law, it is necessary to obtain answers to the following questions.

1) Name: \_\_\_\_\_

2) Are you a citizen of the United States? ~ Yes ~ No

**If the answer to Question 2 is "yes", there is no need to answer questions 3-8. Go directly to the certification statement in question 9.**

*Sheriff:* If the answer to Question 2 is "yes", use "C" in the Citizenship (CTZ) field of the QN or QNP transaction form.

3) What is your country of citizenship? List more than one if applicable. \_\_\_\_\_

4) What is your place of birth? \_\_\_\_\_ (City and country)

5) What is your INS-issued alien number or admission number? \_\_\_\_\_

6) Are you an alien illegally in the United States? \_\_\_\_\_

7) Are you a non-immigrant alien? \_\_\_\_\_

*Sheriff:* If the answer to Question 7 is "yes", proceed to Question 8a. If the answer to Question 7 is "no", use "F" in the Citizenship (CTZ) field of the QN or QNP transaction form.

8a) Do you fall within any of the exemptions to the nonimmigrant alien prohibitions set forth in 18 USC 922(y)?

*Sheriff:* If the answer to Question 8a is "yes", proceed to Question 8b. If the answer to Question 8a is "no", the NICS check cannot be initiated. As a non-immigrant, the subject is ineligible to purchase, possess, or redeem a firearm if they do not meet one of the non-immigrant exemptions.

8b) If you answered "yes" to question 8a, under which exemption do you fall? Please attach documentation to support your entitlement to the claimed exemption, if applicable.

*Sheriff:* Validate the exemption item and indicate the exemption in the Exception Documentation (EXC) field of the QN or QNP transaction form. Then place "F" in the Citizenship (CTZ) field of the QN or QNP transaction form.

9) I certify that the above answers are true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**A. C. Stokes**  
**SHERIFF'S OFFICE**

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



Address attachment for weapon permits  
(N.C.G.S 14-405)

Applicants Name \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Last First Middle City and State

List ALL Previous Addresses:

Year relocated	House Number and Street	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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



**A. C. Stokes**  
**SHERIFF'S OFFICE**

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



To: Clerk of Superior Court in Davie County of Davie

Re: \_\_\_\_\_

The Person named above has submitted an application to this office for a permit to purchase a firearm or crossbow. The Sheriff is required to determine if the applicant is or has been adjudicated or administratively determined to be lacking mental capacity, mentally ill or incompetent.

Therefore it is required that you conduct a review of your records and submit your findings pursuant to the attached release authorization, by checking the appropriate box below.

\_\_\_\_\_  
A.C. Stokes, Sheriff

1.  No record of above named applicant or dismissal.
2.  Records indicate the above named applicant has been adjudicated or administratively determined to be lacking mental capacity, mentally ill or incompetent and a copy of the findings ad order are attached.
3.  Other(explain)

Mail Response to

Davie County Sheriff's Office  
140 S. Main Street  
Mocksville NC 27028  
ATTN: Captain Moxley

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

SHERIFF USE ONLY

\_\_\_\_ Criminal Background Check Conducted  
\_\_\_\_ NICS Inquiry Conducted  
Background/Inquiry Completed by \_\_\_\_\_

NTN Number \_\_\_\_\_

\_\_\_\_ Permit Fee Paid

\_\_\_\_ Pistol Permit Denied Date: \_\_\_\_\_

\_\_\_\_ Pistol Permit Issued<sup>t</sup> Date: \_\_\_\_\_

Upon Consideration of the forgoing application and in compliance with G.S. 14-403 and 404 a permit is /  
is not issued to the above applicant.

\_\_\_\_\_  
Sheriff's Signature

By: \_\_\_\_\_  
Deputy Sheriff