



ANSON COUNTY SHERIFF'S OFFICE - *Sheriff Tommy W. Allen, Jr.*

119 N. Washington Street, Wadesboro, NC 28170 • (704) 694-4188 • contact@ansonsheriff.com

To: Concealed Carry Permit Applicant
From: Sheriff Tommy W. Allen, Jr.

Attached is your application for a concealed carry permit. Please thoroughly read and complete each form and personally bring a printed copy to the Sheriff's Office. **DO NOT MAIL**

*** CERTAIN FORMS MUST BE NOTARIZED. ANY CERTIFIED NOTARY IS ACCEPTABLE, BUT IF YOU WILL LEAVE THE DOCUMENTS UNSIGNED UPON BRINGING THEM TO THE SHERIFF'S OFFICE, ONE OF OUR STAFF WILL NOTARIZE THEM **FREE** OF CHARGE ***

- *Sheriff Tommy W. Allen, Jr.*

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 title 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 DL No. (State Id No. If No Drivers License)		State
Mailing Address		Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> N/A		Race	Sex
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)

(1) Yes No

2. Are you ineligible to own, possess, or receive a firearm under the provisions of state or federal law? (2) Yes No

3. Are you under indictment or has a finding of probable cause been entered for a pending felony charge? (3) Yes No

4. Have you been adjudicated guilty in any court of a felony? (4) Yes No

5. Are you a fugitive from justice? (5) 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? (6) Yes No

7. Are you currently, or have you been previously adjudicated or administratively determined to be lacking mental capacity or mental ill? (7) Yes No

8. Have you been discharged from the armed forces under conditions other than honorable? (8) Yes No

9. Have you been adjudicated guilty of or received a prayer for judgment continued or suspended sentence (9) Yes No

10. Have you had an entry of a prayer for judgment continued for a criminal offense which would disqualify from obtaining a concealed handgun permit? (10) 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? (11) Yes No

12. Have you been convicted of an impaired driving offense under G.S. 20-138.2 or 20-138.3 within three years prior to the date of this application? (12) 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 SUSCRIBED TO BEFORE ME		DATE
DATE	Signature Of Authorized To Administer Oaths	Signature of Applicant
Title	CAUTION: Federal Law and State law on the possession of handguns and firearms differ. If you are prohibited by federal law from possessions a handgun or a firearm, You may be prosecuted in federal court. A State permit is not a defense to a federal Prosecution.	
My Commission Expires		
SEAL	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. NCIS Transaction Number (NTN) _____
- Signature of Sheriff _____

	LIST OF DISQUALIFYING CRIMINAL OFFENSES	
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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 of 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 {14.2771}
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 dynamic 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 _____ 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
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AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
45 C.F.R. Parts 160 and 164: 42 C.F.R. Part 2: G.S. 122C

This authorization implements the requirements for client authorization to use and disclose health information protected by the federal health privacy law (45 C.F.R. Parts 160, 164), the federal drug and alcohol confidentiality law (42 C.F.R. Part 2), and the state confidentiality law governing mental health, developmental disabilities, and substance abuse services (G.S. 122 C).

CLIENT'S NAME: _____ RECORD NUMBER: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

I, _____, authorize _____
Name of client of client's legally responsible person Agency or person authorized to use and disclose the information

to use or disclose to/with _____
Name of agency or person to whom the requested use or disclosure will be made (include address if applicable)

THIS DATA SHALL INCLUDE (client must initial beside data to be used or disclosed)

- Assessments Service Notes Substance Abuse/Treatment
Psychiatric Evaluations Service Plans/Goals HIV/AIDS Information
Psychological Evaluations Discharge Summary Social, Developmental, Medical History
Diagnoses Financial/Reimbursement
Other: _____

PURPOSE OF USE OR DISCLOSURE (client must initial beside data to be used disclosed)

- At the request of the individual Assessment/Evaluation Coordination of Service
Court Proceedings Determination of Benefits

Information requested should be mailed to this address: _____

RE-DISCLOSURE

Once information is disclosed pursuant to this signed authorization, I understand that the federal privacy law (45 C.F.R. Parts 160 & 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from re-disclosing it. Other laws however, may prohibit re-disclosing it. When we disclose mental health and developmental disabilities information protected by state law (G.S.122C) or substance abuse treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that disclosure is prohibited except as permitted or required by these two laws. Our Notice of Privacy Practices describes the circumstances where disclosure is permitted or required by these laws.

REVOCAION AND EXPIRATION

I understand that, with certain exceptions, I have the right to revoke this authorization at ay time. The procedure for how I may revoke this authorization, as well as the exceptions to my right to revoke, are explained in the Area Program/LME's Notice of Privacy Practices, a copy of which has been given to me.

If not revoked earlier, this consent shall be valid for one year from the date signed unless otherwise indicated below:

Date of expiration, if less than one year Event, if less than one year

NOTICE OF VOLUNTARINESS

I understand that I may refuse to sign this authorization form. I understand that Sandhills Center will not deny or refuse to provide treatment payment, enrollment in a health plan, or eligibility for benefits if I refuse to sign.

Signature of Client Date Witness (required if symbol or mark is used by client or LRP)

Signature of legally responsible person, if required Date

Please explain LRP authority to act on behalf of the client:
Power of Attorney Guardian Staff Signature
Other: _____

AUTHORIZATION FOR RELEASE OF INFORMATION
TO THE
ANSON COUNTY SHERIFF'S OFFICE

TO: Any past or present Employer, Credit Bureau or Retail Merchants Association,
Bank, Financial Institution or any other Credit Extending Organization, OR
Any County, City, State, or Federal Government Agency

I, _____ ADDRESS _____
am aware that my background is to be investigated for potential employment, and hereby authorize and request the release of any and all information you have concerning me to the Anson County Sheriff's Office, upon presentation of this release or copy hereof.

I hereby release any and all of the above from any liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request information, or any attempt to comply with it.

Date

Signature of Applicant

Witness

Driver License Number

Attach copy of Driver License below