



COOSA COUNTY SHERIFF'S OFFICE
PISTOL PERMIT APPLICATION
 STATE OF ALABAMA



Read the following carefully and provide complete and accurate information. It is a crime to make a false statement or report to law enforcement. (Title 13A-10-109, Code of Alabama, 1975). A criminal history background check will be conducted on each applicant.

Permit Fees: Ages 21 – 64 \$25.00

Ages 65 & Older \$15.00

Full Name: _____
Last First Middle

Other Names You Have Been Known By: _____

County of residence: _____ Requesting permit for _____ years (may apply for up to five (5) years)

Physical Address: _____
Street Number Apartment Number Street Name

City State Zip Code

Mailing Address: _____
Address City State Zip Code

Email Address: _____

Phone Numbers: _____
Home Cell

Citizen? _____ Are you a U.S. _____
 Age: _____ Date of Birth: ____/____/____ Place of Birth: _____ Yes No

Sex: Male Female Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Driver's License Number: _____ State _____ Number _____ Other State I.D.: _____ State _____ Number _____

Social Security Number: _____ - _____ - _____

- Yes No Have you ever had a pistol permit? If so, where and when? _____
- Yes No Have you ever had a pistol permit revoked or denied? If so, where and when? _____
- Yes No Have you ever been convicted of a crime?
- Yes No Are you now or have you ever been under an indictment?
- Yes No Are you now or have you ever been treated for a mental illness or substance abuse (drugs/alcohol)?
- Yes No Are you now or have you ever been under a restraining order to prevent endangering yourself or others?
- Yes No Are you awaiting trial as a defendant in any criminal case?
- Yes No Have you been found guilty by reason of mentally illness in a criminal case?
- Yes No Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect?
- Yes No Have you been declared incompetent to stand trial in a criminal case?
- Yes No Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect?
- Yes No Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice?
- Yes No Have you required involuntary outpatient treatment in a psychiatric hospital or similar treatment facility based on a finding that you are an imminent danger to yourself or to others?
- Yes No Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use?
- Yes No Have you been the subject of a prosecution or of a commitment or incompetency proceeding that could lead to a prohibition on the receipt or possession of a firearm under the laws of Alabama or the United States?

If you answered YES to any of the questions above, please use the space below to provide dates and places of arrests or treatment, charges, agency involved and dispositions.

I certify that my answers are true, complete and correct and I understand this application will be rejected if any information is found to be false or misleading.

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

APPROVED: _____ FEE FOR PERMIT \$ _____

DISAPPROVED: _____ AUTHORIZED SIGNATURE: _____

NCIC _____ ACJIC _____ NICS _____ TRANSACTION # _____ OTHER _____