

COVINGTON 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-10-1 09, Code of Alabama, 1975). A criminal history background check will be conducted on each applicant.

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*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Are you a U.S. Citizen?  
**0 Yes 0 No**

Sex: \_\_\_\_ Male \_\_\_\_ Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Other State LD, \_\_\_\_\_  
*State Number State Number*

Social Security Number \_\_\_\_\_

- 0 Yes 0 No Have you ever had a pistol permit? If so where and when? \_\_\_\_\_
- 0 Yes 0 No Have you ever had a pistol permit revoked or denied? If so where and when? \_\_\_\_\_
- 0 Yes 0 No Have you ever been convicted of a crime? \_\_\_\_\_
- 0 Yes 0 No. Are you now or have you ever been under an indictment? \_\_\_\_\_
- 0 Yes 0 No Are you now or have you ever been treated for a mental illness or substance abuse (drugs/alcohol)? \_\_\_\_\_
- 0 Yes 0 No Are you now or have you ever been under a restraining order to prevent endangering yourself or others? \_\_\_\_\_
- 0 Yes 0 No Are you awaiting trial as a defendant in any criminal case? \_\_\_\_\_
- 0 Yes 0 No Have you been found guilty by reason of mentally illness in a criminal case? \_\_\_\_\_
- 0 Yes 0 No Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect? \_\_\_\_\_
- 0 Yes 0 No Have you been declared incompetent to stand trial in a criminal case? \_\_\_\_\_
- 0 Yes 0 No Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect? \_\_\_\_\_
- 0 Yes 0 No Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice? \_\_\_\_\_
- 0 Yes 0 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? \_\_\_\_\_
- 0 Yes 0 No Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use? \_\_\_\_\_
- 0 Yes 0 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.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- **DO NOT WRITE BELOW THIS LINE-- FOR OFFICIAL USE ONLY** -----

APPROVED- \_\_\_\_\_ FEE FOR PERMIT \$ \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_ AUTHORIZED SIGNATURE, \_\_\_\_\_

NCIC \_\_\_\_\_ ACJIC \_\_\_\_\_ NICS \_\_\_\_\_ TRANSACTION # \_\_\_\_\_ OTHER \_\_\_\_\_