

Scotland County Sheriff's Office

SCOTLAND COUNTY NORTH CAROLINA – SHEP JONES, SHERIFF

GUN PERMIT APPLICATION INSTRUCTIONS

Printable Web Version ◀▶ Revised January 2008

PLEASE READ BEFORE APPLYING

- APPLICATIONS **MUST BE CLEARLY WRITTEN AND READABLE** FOR PERMITS TO BE ISSUED.
- ALL FIELDS WITH AN (*) BESIDE THEM **MUST** BE COMPLETED.
- YOU MUST BE A U.S. CITIZEN AND LIVE IN SCOTLAND COUNTY.
- YOU MUST OBTAIN A LOCAL HISTORY CHECK FROM THE CLERK OF COURT TO BE TURNED IN WITH THE APPLICATION. THIS FEE IS IN ADDITION TO THE PERMIT FEE.
- THERE IS A TEN-DAY WAITING PERIOD PRIOR TO A PERMIT BEING ISSUED.
- EACH PERMIT IS \$5.00 (CASH ONLY) WITH A MAXIMUM OF TWO (2) PERMITS PER APPLICATION. THE SHERIFF MAY LIMIT THE NUMBER OF PERMITS ANNUALLY.
- DO NOT CALL TO CHECK ON YOUR PERMIT. YOU MUST RETURN IN PERSON **NO EARLIER THAN 10 DAYS** FROM THE APPLICATION DATE.
- APPLICATIONS ARE GOOD FOR 30 DAYS. THEREAFTER, YOU MUST RE-APPLY
- ANY FALSE OR OMITTED INFORMATION WILL RESULT IN YOUR APPLICATION BEING REJECTED.
- IF A FINGERPRINT SEARCH IS REQUIRED IN ORDER TO DETERMINE ELIGIBILITY, A \$10.00 FINGERPRINT FEE WILL BE ADDED.
- AN ACCEPTABLE PICTURE I.D. IS REQUIRED.
- UNAUTHORIZED REPRODUCTIONS OF THIS FORM WILL NOT BE ACCEPTED.

You May Print and Submit The Attached Application

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Permits Must Be Picked Up During Normal Business Hours (in Person)

OFFICE OF THE SHERIFF – SHEP JONES, SHERIFF

SCOTLAND COUNTY NORTH CAROLINA PISTOL PERMIT APPLICATION

* LAST NAME _____ * FIRST NAME _____ * MI _____

* RESIDENCE STREET ADDRESS (NO P.O.BOX) _____

* CITY _____ * PHONE # (910) _____ - _____

* N.C. LIC / I.D. # _____ * DATE OF BIRTH _____ * AGE _____

* RACE _____ * SEX _____ BIRTH STATE _____

* HEIGHT _____ * WEIGHT _____ * HAIR _____ * EYES _____

Employer _____

* ARE YOU CURRENTLY CHARGED WITH ANY CRIME THAT REQUIRES A COURT APPEARANCE _____

* HAVE YOU EVER BEEN CONVICTED OF A MISDEAMEANOR OR A FELONY _____ IF "YES" EXPLAIN ON BACK

* HAVE YOU HAD A D.W.I. CONVICTION IN THE PAST THREE YEARS _____

* ARE YOU A FUGITIVE FROM JUSTICE _____

* ARE YOU AN UNLAWFUL USER OF, OR ADDICTED TO, ANY CONTROLLED SUBSTANCE _____

* HAVE YOU EVER BEEN ADJUDICATED MENTALLY DEFECTIVE OR HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION FOR ANY REASON? _____. IF YES EXPLAIN ON BACK

* HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS _____

* ARE YOU A U.S. CITIZEN _____

* DO YOU LIVE IN SCOTLAND COUNTY _____ IF SO, HOW LONG? _____

* DO YOU CURRENTLY HAVE A DOMESTIC ORDER IN EFFECT WHERE YOU ARE THE DEFENDANT _____

* WHY DO YOU WANT A HAND GUN? PROTECTION _____ COLLECTOR _____ OTHER _____

* EXPLAIN) _____

I THE UNDERSIGNED, DO HEREBY AFFIRM THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

* SIGNATURE OF APPLICANT

* DATE OF APPLICATION

Office Use Only

NTN _____ APR. BY. _____ DENIED BY. _____

REASON DENIED _____ DATE NOTIFIED _____

ISSUE DATE _____ PERMIT # _____ BY _____

