

# SHELBY COUNTY SHERIFF'S OFFICE

SHELBY COUNTY, ALABAMA

## SHELBY COUNTY SHERIFFS OFFICE Pistol Permit Application

**ALL PERMITS ARE THE PROPERTY OF SHELBY COUNTY SHERIFFS  
OFFICE AND MUST BE SURRENDERED AT OUR REQUEST.**

Complete each blank on this application. False information will subject license to revocation.

Date of application: 07/29/2010

\$20.00 License Fee

NAME: _____	
MAILING ADDRESS: _____	
STREET ADDRESS: _____	
HOME TELEPHONE: _____	
PLACE OF BIRTH: _____	UNITED STATES CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER: _____	ADDRESS: _____
WORK PHONE: _____	OCCUPATION: _____
RACE: _____ SEX: _____	DATE OF BIRTH: / / DRIVER'S LICENSE #: _____
SOCIAL SECURITY #: _____	HEIGHT: _____ WEIGHT: _____
HAIR COLOR: _____	EYE COLOR: _____ MARITAL STATUS: _____
SCARS, MARKS, TATTOOS: _____	

### 3 References REQUIRED - DO NOT LIST RELATIVES

1. _____	_____
2. _____	_____
3. _____	_____
Name	Phone Number

Reason for carrying a pistol: \_\_\_\_\_

Have you ever had a permit refused or revoked?  Yes  No If yes, list reasons.

Have you ever been arrested?  Yes  No If Yes, list date, charge, and disposition of each arrest

Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?  Yes  No

Any other names you have been known by: \_\_\_\_\_

For Office use Only

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ ISSUED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Required if under the age of 21:**

PARENT/GUARDIAN AUTHORIZATION \_\_\_\_\_

Daytime Phone \_\_\_\_\_

**Please sign on next page.**

***CRIMINAL CODE OF ALABAMA:***

**13A-10-109 UNSWORN FALSIFICATION TO AUTHORITIES.**

**(13A) A PERSON COMMITS THE CRIME OF UNSWORN FALSIFICATION TO AUTHORITIES IF, WITH AN INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS DUTY, HE MAKES OR SUBMITS ANY WRITTEN STATEMENT, WHICH HE DOES NOT BELIEVE TO BE TRUE, IN AN APPLICATION FOR PECUNIARY OR OTHER BENEFIT, OR A RECORD OR REPORT REQUIRED BY LAW TO BE SUBMITTED TO ANY GOVERNMENTAL AGENCY.**

**UNSWORN FALSIFICATION TO AUTHORITIES IS A CLASS C MISDEMEANOR.**

***UNITED STATES CODE:***

**TITLE 18, SECTION 911: CITIZEN OF THE UNITED STATES**

**WHOEVER FALSELY AND WILLFULLY REPRESENTS HIMSELF TO BE A CITIZEN OF THE UNITED STATES SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN THREE YEARS, OR BOTH.**

**I HEARBY APPLY FOR A PERMIT TO CARRY A REVOLVER OR PISTOL CONCEALED ON MY PERSON OR IN A VEHICLE FOR A PERIOD OF ONE YEAR. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER AFFIRM THAT I HAVE NEVER BEEN KNOWN BY ANY OTHER NAME THAN THOSE LISTED.**

**SIGNATURE \_\_\_\_\_**

**THOSE WHO WISH TO SUBMIT THEIR APPLICATION BY MAIL MAY SEND IT TO:**

**SHELBY COUNTY SHERIFFS OFFICE  
ATTN: PERMIT DIVISION  
P.O. BOX 1095  
COLUMBIANA, ALABAMA 35051**

**CHECKS SHOULD BE MADE PAYABLE TO SHERIFF CHRIS CURRY.**