

_____ County, Georgia

Application Number _____

APPLICATION FOR WEAPONS CARRY LICENSE

Applicant's Name: _____
First Middle Last (or as registered with INS)

Maiden Name, Aliases & Names Previously Used: _____

Date of Birth: ___/___/___ (Age if < 21: ___ + attach proof of completed basic training or honorable discharge)

INS Alien/Admission No. _____

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

Place of Birth: _____
City State, Province or District Country

Residence/Street Address: _____

City, State, Zip: _____ County: _____

Mailing Address if different: _____

Phone Numbers: Home (_____) _____ Other (_____) _____

Military posting of non-resident who is active military _____ (attach copy of active duty orders)

1. Are you currently a United States Citizen?.....Yes No

If you are not a U.S. Citizen:

- Identify all countries of citizenship: _____
- Attach proof of name/date of birth/place of birth/INS or ICE number/photo ID.
- Attach proof of residency in the State of Georgia.
- Attach proof of your lawful presence in the United States, including any of the following that apply:

Immigrant Alien: Resident Alien card, Permanent Resident Card or Immigrant Visa with ADIT Stamp;

Non-Immigrant (Temporary) Alien: Student Visa, Tourist Visa, Employment Authorization Card, or valid Passport with Arrival/Departure Record; proof you fall within an exemption pursuant to 18 U.S.C. 922(y)(2)

2. Have you ever renounced your U.S. citizenship?.....Yes No

3. Have you ever been convicted of, or pled guilty to, a criminal misdemeanor (or court-martial equivalent) involving the use or possession of a dangerous drug or controlled substance (including marijuana)?
.....Yes No

- **If yes to #3 above, have you also experienced one or more of the following within the past 5 years?**
Yes No
 - Served any portion of incarceration or probation for that offense;
 - Been convicted of a second misdemeanor drug offense (or court-martial equivalent) involving use or possession of a controlled substance;
 - Been convicted of any offense arising out of the unlawful manufacture or distribution of a controlled substance or dangerous drug;
 - Been convicted of any unlawful possession or shipping of a firearm; or
 - Had your weapons carry license revoked.

If pardoned and firearms rights restored, attach copy of pardon.

4. Have you ever been convicted of, or pled guilty to, any criminal misdemeanor involving the use or attempted use of physical force or threatened use of a deadly weapon towards (a) anyone with whom at the time of the offense you were a current or former spouse, parent or guardian or similarly situated to a spouse, parent or guardian, or were involved with in a romantic relationship; (b) a person with whom you had a child in common; or (c) a person you lived with or had lived with as a spouse, parent or guardian or similarly situated to a spouse, parent or guardian, including but not limited to a girlfriend, boyfriend, step-child, foster child or ward?.....Yes No

If pardoned and firearms rights restored, attach copy of pardon.

5. Have you ever been convicted of, or pled guilty to, any felony offense or any offense punishable by a term of imprisonment over 1 year, including a conviction by a court-martial under the Uniform Code of Military Justice for an offense which would constitute a felony?.....Yes No

If pardoned and firearms rights restored, attach copy of pardon.

6. Are you under current indictment or information (formal charges) for a crime punishable by imprisonment for a term exceeding 1 year or are there currently any felony charges pending against you?.....Yes No

7. Have you ever been convicted of, or pled guilty to, any offense arising out of the unlawful manufacture or distribution of a controlled substance or dangerous drug?.....Yes No

If pardoned and firearms rights restored, attach copy of pardon.

8. Check "Yes" if you have been convicted of, or plead guilty to, carrying a weapon or long gun in an unauthorized location and, within the last 5 years, served any portion of the sentence received for such offense or received any criminal conviction of any kind.....Yes No

9. Are you currently a fugitive from justice or have you left any state or any foreign jurisdiction to avoid criminal prosecution, to avoid testifying in any criminal proceeding, or knowing that charges are pending against you?.....Yes No

10. Have you tested positive for drugs in the past year, admitted to having used drugs within the past year, or been arrested more than once in the last 5 years with the last arrest having been in the past year for any offense arising out of the unlawful possession, manufacturing, distribution, or use of a controlled substance or other dangerous drug?.....Yes No

11. Do you use any controlled substance or illegal drug other than as prescribed by a licensed physician, or have you done so within the past year, or regularly used any such drug within the past 5 years, or are you addicted to or have lost control over any controlled substance or drug?.....Yes No

12. Are you currently subject to any court order (including but not limited to restraining orders, protective orders, bond orders, peace bonds & good behavior bonds) restraining you from harassing, stalking, threatening, engaging in communication with, or refraining in any manner from contact with or coming in proximity to any current or former spouse, any person with whom you have a child in common, or person with whom you live or lived while in a sexual relationship?..... Yes No

If yes, attach a copy of the order.

13. Have you ever been dishonorably discharged from the U.S. Armed Forces or separated from the U.S. Armed Forces under a dismissal adjudged by a general court-martial?..... Yes No

14. Have you ever been found by a civil or criminal court, board, commission or other lawful authority, as a result of subnormal intelligence, incompetency, mental illness, condition or disease, to be a danger to yourself or others, to lack the mental capacity to manage your own affairs, or to be incompetent to stand trial, guilty but mentally ill, not guilty by reason of insanity or not guilty for lack of mental responsibility?..... Yes No

15. Have you ever been ordered to receive inpatient or outpatient treatment at any treatment facility, mental health center, hospital, sanitarium, clinic or program for a mental condition, drug abuse, or alcohol abuse, by any court, board, or other authority in any civil, criminal or administrative proceeding? .Yes No

If yes, attach a copy of the order.

16. Have you been voluntarily hospitalized as an inpatient in any mental hospital or alcohol or drug treatment center within the past 5 years?..... Yes No

17. Have you had a weapons carry license revoked by a judge of a probate court within the past 3 years? Yes No

I do swear and affirm under penalty of false swearing or perjury that the foregoing information is true and correct to the best of my knowledge and belief. I further consent to the probate court where my application is submitted to perform or have performed all background checks required to be conducted according to law, including a fingerprint-based background check, a name-based NICS check, and an Immigration and Customs Enforcement (ICE) query.

APPLICANT'S SIGNATURE

FOR COURT USE ONLY:

On _____ the applicant was:

- _____ issued a Weapons Carry License
- _____ denied a Weapons Carry License

Judge/Clerk, Probate Court

Sworn to and subscribed before me
This _____ day of _____, 20____

Clerk of Probate Court