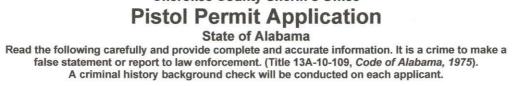


Cherokee County Sheriff's Office





Full Name:							
Last Fire Other Names You Have Been Known By:				Middle			
County of Residence:					for up to five (5) years)		
Physical Address: Street Number Apartment Number Street Name							
		*					
Mailing Address:			State		Zip Code		
Email Address:	Address	C	ity	State	Zip Code		
Phone Numbers:							
Age: Dat	Home te of Birth:	Place of Birth:	Cell		Are you a U. S. Citizen? ☐Yes ☐No		
Sex: Male Fen	nale Race:	Height:	Weight:	Hair Color:	Eye Color:		
Driver's License Nur			Other State I.D. :				
Social Security Num	State ber:	Number		State Nur	nber		
Yes No Have you ever had a pistol permit? If so, where and when? Yes No Have you ever had a pistol permit revoke or denied? If so, where and when? Yes No Have you ever been convicted of a crime? Yes No Are you now or have ever been under an indictment? Yes No Are you now or have ever been treated for mental illness or substance abuse (drugs / alcohol)? Are you now or have ever been under a restraining order to prevent endangering yourself or others? 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 ever been declared incompetent to stand trial in a criminal case? Yes No Have you ever been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice? 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? Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use? Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use? 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 arrest 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 AC	CJIC NICS _	TRANSAC	CTION#	OTHER			



NOTICE OF DENIAL / REVOCATION FOR PISTOL PERMIT



Today's Date

Nam						
Addr	ess	-,				
City	State	Zip Code				
	above named individual submitted an a inty, Alabama, on the day of					
The	reason for denial of the pistol permit ap	oplication or revocati	on of existing pistol permit is limited below.			
	☐ Having contacted available local, sta Instant Criminal Background Check prohibited from possession of a pis	System, it is determi	inal history data banks, including the National ined that the above named applicant is nt to State or Federal Law.			
	☐ There is a reasonable suspicion that the applicant / permit holder may use a weapon unlawfully.					
	There is a reasonable suspicion that the applicant / permit holder will endanger himself / herself.					
☐ There is reasonable suspicion that the applicant / permit holder will endanger others.						
The evidence upon which the denial / revocation is based is						
			Signature of Person Conducting Research			
Sher	iff's Signature Date					
Attac	hments: Type TNo					