

APPLICATION FOR WEAPONS CARRY LICENSE

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ First Middle Last (or as registered with INS)
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 (\_\_\_\_\_) \_\_\_\_\_

1. Are you currently a United States Citizen? ..... Yes [ ] No [ ]
[Have you ever renounced your U.S. citizenship? Yes [ ] No [ ] If so, attach a copy of the reversal of renunciation.]

- If you are not a U.S. Citizen:
• you must show proof of name/address/date of birth/INS number/photo ID.
• Identify all countries of citizenship: \_\_\_\_\_
• Attach: (a) documentation of your lawful presence in the United States, and
(b) proof of residency in the State of Georgia for at least 90 days.

2. Are you a non-immigrant or non-resident alien? ..... Yes [ ] No [ ]
If yes, attach proof that you fall within an exemption establishing your eligibility.

3. Have you been convicted of, pled guilty or nolo contendere to, or received first offender treatment
for any offense involving the unlawful possession or use of a controlled substance or dangerous drug
within the past five years or served any portion of a probationary sentence for use or possession
of a controlled substance within the past five years?..... Yes [ ] No [ ]

If you have ever been convicted of a misdemeanor drug offense, have you also been convicted of a
second such drug offense, unlawful possession or shipping of a firearm during the past five years?.. Yes [ ] No [ ]
If pardoned and firearms rights restored, attach copy of pardon.

4. Have you ever been convicted of, or pled guilty or nolo contendere to, any crime involving domestic
violence, violence towards a family member, child or significant other ? ..... Yes [ ] No [ ]
If pardoned and firearms rights restored, attach copy of pardon.

5. Have you ever been convicted of, or pled guilty or nolo contendere to, any felony offense or any offense
punishable by a term of imprisonment over one year, or court-martial charge punishable by
imprisonment over one year?..... Yes [ ] No [ ]
If pardoned and firearms rights restored, attach copy of pardon.

6. Have you ever been convicted of, pled guilty or nolo contendere to, or received first offender
treatment for 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.

7. Have you ever been convicted of, or pled guilty or nolo contendere to, pointing a gun or pistol at another
person, carrying a weapon without a weapons carry license, or carrying a weapon or long gun in an
unauthorized location?..... Yes [ ] No [ ]

If so, have you served any portion of incarceration or probation for such firearms offense in the past five

years or had any other conviction, guilty plea or nolo contendere plea within the past five years?..... Yes  No   
If you have had no other conviction, attach proof of the date your term of probation, if any, was completed.

8. Are you subject to any pending charge or charges in any court including matters under indictment, accusation, on appeal, uncompleted first offender treatment or other court order? ..... Yes  No

If yes, do the pending charges involve or arise out of any felony, any crime that is possibly punishable by imprisonment for over one year, or any offense or conduct involving a weapon or any offense involving a controlled substance or other dangerous drug?..... Yes  No

9. Have you left any state, or any foreign state, to avoid criminal prosecution, to avoid testifying in any criminal proceeding, or knowing that charges are pending against you?..... Yes  No

10. Have you been the subject of any proceedings (including arrests, matters on appeal, under indictment or accusation, or cases which were *nolle prossed*) within the past five years for any offense arising out of the unlawful possession, manufacturing or distribution or use of a controlled substance or other dangerous drug, or found through a drug test to have used such a substance or drug unlawfully within the past year?..... 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 five years? ... Yes  No

12. Are you addicted to or have you lost self-control over any controlled substance or drug? ..... Yes  No

13. Are you, or have you ever been, subject to any court order (including but not limited to restraining orders, protective 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 person, individual, spouse, child or former or current intimate partner, parent or their property, residence or other location frequented by such person?... ..... Yes  No

If yes, attach a copy of the order and any later order terminating or superceding the original order.

14. 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

15. 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, insane, guilty but mentally ill, or not guilty for lack of mental responsibility? ..... Yes  No

16. 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? (If yes, attach a copy of the order) ..... Yes  No

17. Have you ever had a weapons carry license revoked by a judge of a probate court? ..... 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.**

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_  
Clerk of Probate Court

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

**FOR COURT USE ONLY:**

On \_\_\_\_\_ the applicant was:  
\_\_\_\_\_ issued a firearms license \_\_\_\_\_denied a firearms license

\_\_\_\_\_  
Judge/Clerk, Probate Court

# Oglethorpe County Consent/Fingerprint Work Order Form

SECTION I Department or Agency Initiating Work Order			
*Date:	*Requesting Dept./Business and Contact Name: <i>Oglethorpe County Probate Court</i>		
*Reason Fingerprinted: <i>Firearms Permit Application</i>	*Contributing ORI: GA109023J		
DOB:	Eyes:	Height:	Weight:
Place of Birth:	Hair:	Sex:	Race:
*Applicant Name:		*Applicant Phone:	
I hereby authorize the Probate Court of Oglethorpe County to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.			
*SSN (Optional): <input style="width: 100%; height: 20px;" type="text"/>	*Applicant Signature:		
SECTION II Oglethorpe County Law Enforcement Center			
*Fingerprinting Officer:	Fingerprinting Time:		
*Record TCN:	*Completing Officer's Name and Number:		