

STATE OF NORTH CAROLINA

APPLICATION FOR CONCEALED HANDGUN PERMIT

Name of Applicant (Last, First, Middle, Maiden) ▶ Attach listing of all previous addresses and all name changes including location and court file number (If Applicable)

- NEW PERMIT RENEWAL PERMIT
 DUPLICATE EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

Street Address			Date of Birth		Social Security Number ▶ See Notification on page 3	
City	State	Zip Code	Driver's License Number (State ID Number if no driver's license)			State
Mailing Address			Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A		Race ▶ See below for code	Sex
Telephone Number	County of Residence		Eyes	Height	Weight	Other Physical Description

▶ **RACE CODES:** **A**–Asian or Pacific Islander, **B**–Black, **I**–American Indian or Alaskan Native, **U**–Unknown, **W**–White

APPLICATION

I, the undersigned applicant, being duly sworn, hereby make application for a North Carolina Concealed Handgun Permit and state that the following information is correct to the best of my knowledge.

(Check Appropriate Boxes)

1. Are you a citizen of the United States? (1) Yes No
 * **If No:** Have you been lawfully admitted for permanent residence?
 ▶ **If Yes,** attach documentation Yes No
2. Are you 21 years of age or older? (2) Yes No
3. Have you been a resident of North Carolina for 30 days or longer immediately preceding the date of this application? (3) Yes No
4. Do you suffer from a physical or mental infirmity that prevents the safe handling of a handgun? (4) Yes No
5. Have you successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force? ▶ **If Yes,** attach documentation (5) Yes No
 * **If No:** Do you meet any of the exceptions in N.C.G.S. § 14-415.12A?
 ▶ **If Yes,** attach documentation Yes No
6. Are you ineligible to own, possess, or receive a firearm under the provisions of State or federal law? (6) Yes No
7. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? (7) Yes No
8. Have you been adjudicated guilty in any court of a felony? (8) Yes* No
 * **If Yes:** Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4?
 ▶ **If Yes,** attach documentation Yes No
9. Are you a fugitive from justice? (9) Yes No
10. Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (10) Yes No
11. Are you currently or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? (11) Yes No
12. Have you been discharged from the U.S. Armed Forces under conditions other than honorable? (12) Yes No
13. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed on page 3 of this form? ▶ See "List of Disqualifying Criminal Offenses" on page 3 (13) Yes No
14. Have you had an entry of prayer for judgment continued for a criminal offense which would disqualify you from obtaining a handgun permit? (14) Yes No
15. Are you free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify you from obtaining a concealed handgun permit? (15) Yes No
16. Have you been convicted of an impaired driving offense under N.C. G.S. § 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? (16) Yes No

I hereby apply for a Temporary Emergency Permit for a nonrenewable period of up to 45 days based upon the information set forth below. I reasonably believe that an emergency situation exists which may constitute a risk of safety to me, my family, or my property.

State Grounds for Temporary Emergency Permit (Use attachment if necessary)

(To be completed for RENEWALS only) – I currently hold a valid Concealed Handgun Permit issued by the _____ County Sheriff's Office. I hereby affirm that I remain qualified to receive and possess this Concealed Handgun Permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the NC General Statutes and the criteria outlined in this application.

SWORN TO AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature of Person Authorized to Administer Oaths	Signature of Applicant
Title		<p style="text-align: center;">CAUTION</p> <p>Federal law and State law on the possession of handguns and firearms may differ. If you are prohibited by federal law from possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.</p>
Date Commission Expires		
<p>_____</p> <p style="text-align: center;">SEAL</p>		

SHERIFF USE ONLY

Check List — check applicable boxes:

- | | |
|--|---|
| 1. Nonrefundable Permit Fee Paid <input type="checkbox"/> | 8. Date Issued Temporary Permit _____ |
| 2. One Full Set of Fingerprints Administered by the Sheriff's Office <input type="checkbox"/> | 9. Date Denied Temporary Permit _____ |
| 3. Original Certificate of Completion of Approved Firearms Safety & Training Course <input type="checkbox"/> | 10. Date Issued Permit _____
Permit Number _____ |
| 4. Renewal–Waiver of Application Firearm Safety & Training Course ... <input type="checkbox"/> | 11. Date Denied Permit _____ |
| 5. Attachment(s) (Specify) _____ <input type="checkbox"/> | 12. Date Submitted to SBI _____ |
| 6. Temporary Documentation <input type="checkbox"/> | 13. NICS Transaction Number (NTN) _____ |
| 7. Other (Specify) _____ <input type="checkbox"/> | |

Signature of Sheriff: _____

Original – Sheriff / Copy – Applicant

LIST OF DISQUALIFYING CRIMINAL OFFENSES

► **NOTE: Effective July 1, 2015 for all CHP applications – an applicant who has been found guilty of or received a prayer for judgment continued or a suspended sentence for one of the offenses listed in 1-20, AND THREE YEARS HAS PASSED PRIOR TO SUBMITTING THE APPLICATION, can receive a Concealed Handgun Permit.**

1. Simple assault N.C.G.S. § 14-33(a)
2. Violation of court orders N.C.G.S. § 14-226.1
3. Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition, or alcoholic beverages to inmates of charitable, mental or penal institutions, or local confinement facilities N.C.G.S. § 14-258.1
4. Carrying weapons on campus or other educational property N.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumed N.C.G.S. § 14-269.3
6. Carry weapons on State property and courthouses N.C.G.S. § 14-269.4
7. Possession and/or sale of spring-loaded projectile knives N.C.G.S. § 14-269.6
8. Impersonation of a law enforcement officer or other public officer N.C.G.S. § 14-277
9. Communicating threats N.C.G.S. § 14-277.1
10. Carry weapons at parades and other public gatherings N.C.G.S. § 14-277.2
11. Exploding dynamite cartridges and/or bombs (except fireworks violations under N.C.G.S. § 14-414) N.C.G.S. § 14-283
12. Rioting and inciting a riot N.C.G.S. § 14-288.2
13. Fighting or conduct creating the threat of imminent fighting or other violence N.C.G.S. § 14-288.4(a)(1)
14. Looting and trespassing during an emergency N.C.G.S. § 14-288.6
15. Assault on emergency personnel N.C.G.S. § 14-288.9
16. Violations of City state of emergency ordinances N.C.G.S. § 14-288.12
17. Violations of County state of emergency ordinances N.C.G.S. § 14-288.13
18. Violations of State of emergency ordinances N.C.G.S. § 14-288.14
19. Violations of the standards for carrying a concealed weapon N.C.G.S. § 14-415.21(b)
20. Misrepresentation on certification of qualified retired law enforcement officers N.C.G.S. § 14-415.26(d)

► **NOTE: Offenses listed in 21-32 are permanent disqualifiers for a Concealed Handgun Permit.**

21. Assault inflicting serious injury or using deadly force N.C.G.S. § 14-33(c)(1)
22. Assault on a female N.C.G.S. § 14-33(c)(2)
23. Assault on a child under the age of 12 N.C.G.S. § 14-33(c)(3)
24. Assault inflicting serious injury or using a deadly weapon on a person in a personal relationship and in the presence of a minor N.C.G.S. § 14-33(d)
25. Stalking N.C.G.S. § 14-277.3A
26. Child abuse N.C.G.S. § 14-318.2
27. Domestic criminal trespass N.C.G.S. § 14-134.3
28. Domestic violence protective order violations N.C.G.S. § 50B-4.1
29. Stalking Former N.C.G.S. § 14-277.3
30. Any person convicted of a “misdemeanor crime of domestic violence” as defined in federal law at 18 USC 922(g)(9).
31. Any crimes involving assault or a threat to assault a law enforcement officer, probation or parole officer, person employed at a State or local detention facility, firefighter, emergency medical technician, medical responder, or emergency department personnel.
32. Misdemeanor crimes that involve violence (other than the misdemeanors listed in items 1-20).
33. Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-20).

► **SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this Concealed Handgun Permit application is voluntary. The purpose of requesting the social security number is to assist in your identification and to help distinguish you from other persons with similar names. No Concealed Handgun Permit will be denied for failure to **disclose** a social security number.

STATE OF NORTH CAROLINA

_____ County

RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT

G.S. 14-415.13(a)(5)

Name And Address Of Applicant

Date Of Birth

Social Security No.

State Drivers License No. (State Identification No. if no Drivers License)

State

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this Release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.

Name Of Provider	Address Of Provider

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

NOTE: Pursuant to G.S. 14-415.15(a), no person, company, mental health provider, or governmental entity may charge additional fees to the applicant for a concealed handgun permit for a background check under that subsection.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
Title		SEAL
Date Commission Expires		

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name _____ Date of Birth _____

Client Medical Record # _____ Client SS # (Optional) _____

I _____ hereby authorize
(Client or Personal Representative)

_____ to disclose specific health information
(Name of Provider/Plan)

from the records of the above named client to: _____
(Recipient Name/Address/Phone/Fax)

for the specific purpose(s): _____

Specific information to be disclosed: _____

I understand that this authorization will expire on the following date, event or condition: _____

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time and that I will be asked to sign the *Revocation Section* on the back of this form. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.

I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing this disclosure will include that information. I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), service may be denied if authorization is not given. If treatment is research-related, treatment may be denied if authorization is not given.

I further understand that I may request a copy of this signed authorization.

(Signature of Client) (Date) (Witness-If Required)

(Signature of Personal Representative) (Date) (Personal Representative Relationship/Authority)

NOTE: This Authorization was revoked on _____
(Date) (Signature of Staff)

THE DO'S AND DON'TS OF CARRYING A CONCEALED HANDGUN

1. Your permit to carry a concealed handgun must be carried along with valid identification whenever the handgun is being concealed.
2. When approached or addressed by any officer, you **must** disclose the fact that you have a valid concealed carry handgun permit and inform the officer that you are in possession of a concealed handgun. You should **not** attempt to draw or display either your weapon or permit to the officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.
3. At the request of any law enforcement officer, you must display both the permit and valid identification.
4. You **may not**, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any substance, controlled or otherwise, is in your blood unless the substance was obtained legally and taken in therapeutically appropriate amounts.
5. You **must** notify the sheriff who issued the permit of any address change within thirty (30) days of the change of address.
6. If a permit is lost or destroyed, you **must** notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do **not** carry a handgun without it.
7. Even with a permit, you may **not** carry a concealed handgun in the following areas:
 - a) Any law enforcement or correctional facility;
 - b) Any space occupied by state or federal employees;
 - c) Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
 - d) Public educational property; however, a permittee may secure a handgun in a locked vehicle;
 - e) Areas of assemblies or demonstrations;
 - f) State occupied property;
 - g) Any state or federal courthouse;
 - h) Any area prohibited by federal law;
 - i) Any local government building if the local government had adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
8. If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do **not** remove your hands from the wheel until instructed to do so by the officer.

I, _____, have read and understand the Do's and Don'ts of Carrying a Concealed Handgun, and the Disqualifying Criminal Offenses pursuant to North Carolina General Statute § 14-415.12(b)(8).

Signature: _____ Date _____

Witness: _____ Date _____

STATE OF NORTH CAROLINA

Bertie _____ County

RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT

Name And Address Of Applicant

Date of Birth

Social Security No.

State Drivers License No. (State Identification No. If No Drivers License)

State

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers, named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

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Name Of Provider	Address Of Provider
Trillium Health Resources	201 W First Street Greenville, NC 27858

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

SWORN AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature of Applicant
Title		
Date Commission Expires		
SEAL		
AOC-SP-914M, New 12/95, 1997 Administrative Office of the Courts		