

Washington County Sheriff's Office
PISTOL PERMIT APPLICATION
STATE OF ALABAMA

Full Name _____
Last First Middle

Physical Address: _____
Street Number Apt Number Street Name

_____ *City State Zip Code*

Mailing Address _____
Address City State Zip Code

Email Address _____

Phone Numbers _____
Home Cell

Age: _____ Date Of Birth: _____ Place of Birth: _____

Are you a U.S. Citizen? Yes No Sex: Male Female
Race: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____ Drivers License Number: _____
Social Security Number: _____

Yes No Have you ever had a pistol permit? If so, where and when? _____
 Yes No Have you ever had a pistol permit revoked or denied? If so, where and when? _____
 Yes No Have you ever been arrested for a crime of violence?
 Yes No Have you ever been taken into custody by a law enforcement agency?
 Yes No Have you ever been arrested or charged with a crime?
 Yes No Are you currently under an indictment?
 Yes No Have you ever been treated for a mental illness?
 Yes No Have you ever been treated for substance abuse?(drugs/alcohol)
 Yes No Are you addicted to alcohol, prescription medicine or illegal drugs?
 Yes No Are you on probation or under a restraining order from ANY court?
 Yes No Are you awaiting trial as a defendant in any criminal case?
 Yes No Have you been found guilty but mentally ill in a criminal case?
 Yes No Have you been found not guilty in a criminal case by reasons of insanity or defect?
 Yes No Have you been declared incompetent to stand trial in a criminal case?
 Yes No Have you been asserted a defense in a criminal case of not guilty by reason of mental disorder?
 Yes No Have you required involuntary outpatient treatment in a psychiatric hospital based on a finding that you are an imminent danger to yourself or to others?
 Yes No Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug abuse?
 Yes No Have you been the subject of a prosecution or of a commitment or incompetence proceeding that could lead to a prohibition on a 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 arrests 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.

Signature: _____ Date: _____