

# 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

Street Address			Date of Birth	Social Security Number — <i>Optional</i> ▶ See Notification on page 2		
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? \*  Yes  No  
 ▶ If Yes, attach documentation.
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? \*  Yes  No  
 ▶ If Yes, attach documentation.
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? \*  Yes  No  
 ▶ If Yes, attach documentation.
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 \_\_\_\_\_

Date Commission Expires \_\_\_\_\_

**SEAL**

**CAUTION**

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.

**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 _____<br>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*

► **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.

## LIST OF DISQUALIFYING CRIMINAL OFFENSES

► **NOTE:** *If otherwise qualified, an applicant who has been found guilty OR received a prayer for judgment continued OR a suspended sentence for one of the offenses listed in 1-17, and THREE YEARS have passed PRIOR to the signed application date, CAN receive a Concealed Handgun Permit — N.C.G.S. § 14-415.12 (b)(8).*

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.....*Former* 14-288.12
17. Violations of County State of Emergency Ordinances.....*Former* 14-288.13
18. Violations of State of Emergency Ordinances.....*Former* 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 below 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.....(includes Former N.C.G.S. § 14-277.3).....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. Any person convicted of a “misdemeanor crime of domestic violence” as defined in federal law at 18 USC 922(g)(9).
30. 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.
31. Misdemeanor crimes that involve violence (other than the misdemeanors listed in items 1-20).
32. Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-20).

### Concealed Handgun Chart – Prohibited Carry Areas

Prohibited Carry Area	Individuals Authorized Pursuant to GS 14-269(b)	Out-of-State Officer HR 218	Concealed Carry Handgun Permittee GS 14-415.10	Out-of-State Reciprocal Concealed Carry Handgun
Educational Property	YES	YES – If Secured in Vehicle	YES – If Secured in Vehicle or on the permittee who remains in the locked vehicle	YES – If Secured in Vehicle or on the permittee who remains in the locked vehicle
Posted Private Education Property	YES	NO	NO	NO
Where Alcoholic Beverages are sold and consumed	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
Certain State Property & Courthouses (This does not address Legislative Office properties)	YES	YES – If Secured in Vehicle	YES – If Secured in Vehicle	YES – If Secured in Vehicle
Parades or Funeral Processions	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
Picket lines, Private Health Care Facilities	YES	NO	NO	NO
Posted Property	See Note Below	NO	NO	NO
Law Enforcement or Correctional Facility	YES	NO	NO	NO
Federal Property	NO	NO	NO	NO
While consuming alcohol or while alcohol or controlled substance is in the blood	NO	NO	NO	NO
Assembly where admission is charged	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
State owned rest area	YES	YES	YES	YES
Posted local government recreational facilities	YES	NO	NO	NO

A "YES" in the block indicates the person in that category can carry in the establishment listed.  
A "NO" in the block indicates the person in that category cannot carry in the establishment listed.

**NOTE:** While carrying in this area may not be in violation of our concealed carry statutes, it may constitute a trespass violation in certain circumstances.

Revised – 12/2015

## DOs & DON'Ts for CARRYING a CONCEALED HANDGUN

1. Your permit to carry a concealed handgun **must** be carried along with valid identification whenever the handgun is being carried concealed.
2. When approached or addressed by any officer, you **must** disclose the fact that you have a valid concealed 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 your 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:
  1. Any law enforcement or correctional facility;
  2. Any space occupied by state or federal employees;
  3. Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
  4. Public educational property, however a permittee may secure a handgun in a locked vehicle;
  5. Areas of assemblies or demonstrations;
  6. State occupied property;
  7. Any State or federal courthouse;
  8. Any area prohibited by federal law;
  9. 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 N.C. General Statute § 14-415.12 (b)(8).**

Signature \_\_\_\_\_, Date \_\_\_\_\_

Witness: \_\_\_\_\_, Date \_\_\_\_\_



OFFICE OF THE  
SHERIFF OF ROCKINGHAM COUNTY  
*Sam S. Page, Sheriff*

Physical Address:  
Law Enforcement Center  
130 Justice Center Dr Reidsville, NC 27320  
Mailing Address:  
P.O. Box 128 Wentworth, NC 27375

Non-Emergency (336) 634-3232  
Records (336) 634-3235  
Detectives (336) 634-3238  
Administration (336) 634-3239  
Animal Control (336) 634-3300  
Jail (336) 634-3236  
Fax (336) 634-3064  
Public Information (336) 634-3065  
[rockinghamsheriff.com](http://rockinghamsheriff.com)

Personal Information Release

I, the undersigned hereby authorize the release of all my personal records of education, employment including performance, suspension and other disciplinary actions, medical criminal, civil or other information as required by the ROCKINGHAM COUNTY SHERIFF'S OFFICE or its official agents. This release is for the purpose of conducting an investigation of a confidential nature for possible issuance of a Concealed Handgun Permit. This release is for the purpose of conducting an investigation by the Sheriff's Office and is necessary to complete the investigation as stated in NCBS 14-415 to determine the qualification or competence of person applying for said permit

It is therefore my desire that all persons contacted by the Sheriff's Office cooperate fully in this background investigation and supply copies of such records when requested. It is understood that the original request will be retained in the Concealed Handgun File at Rockingham County Sheriff Office I authorize the Sheriff's 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 affective as the original

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Sign Full Name

Subscribed to before me this \_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_ witness my hand and official seal

\_\_\_\_\_  
Notary

Sex \_\_\_\_\_ Race \_\_\_\_\_ DOB \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Social Security \_\_\_\_\_

## Rockingham County Sheriff's Office Permit Questionnaire

ALL QUESTIONS NEED TO BE ANSWERED OR N/A PLEASE BE TRUTHFUL AND HONEST ANSWERING YES TO THESE IS NOT IMMEDIATE BASIS FOR DENIAL ALONE RECORDS WILL BE OBTAINED TO DETERMINE ISSUANCE OF A PERMIT

1. Are you known by any names other than what is listed above? (***This includes ALL married and maiden names as well as nicknames***)

\_\_\_\_\_

\_\_\_\_\_

2. How long have you lived in North Carolina? \_\_\_\_\_ Rockingham County \_\_\_\_\_  
3. Please list ALL previous counties and states you have lived in

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been licensed in another state to drive (Which ones) \_\_\_\_ Yes \_\_\_\_ No
5. Are you currently under a domestic violence order \_\_\_\_ Yes \_\_\_\_ No
6. Have you ever been CHARGED with and TYPE of Crime excluding speeding \_\_\_\_ Yes \_\_\_\_ No
7. Have you ever been denied for any type of gun permit or purchase \_\_\_\_ Yes \_\_\_\_ No
8. Please list your current employer and address \_\_\_\_\_  
\_\_\_\_\_
9. Where were you born (CITY, STATE, COUNTRY) \_\_\_\_\_
10. Please list any branches of Armed Forces you have served \_\_\_\_\_  
a. Honorable Discharge \_\_\_\_ Other Type of Discharge \_\_\_\_\_

## Rockingham County Sheriff's Office Permit Questionnaire

ALL QUESTIONS NEED TO BE MARKED OR NA PLEASE BE TRUTHFUL AND HONEST ANSWERING YES TO THESE IS NOT IMMEDIATE BASIS FOR DENIAL ALONE RECORDS WILL BE OBTAINED TO DETERMINE ISSUANCE OF A PERMIT

11. DO YOU CURRENTLY HAVE OR CURRENTLY BEING TREATED BY A HEALTHCARE PROVIDER FOR ANY CONDITION (MENTAL OR PHYSICAL) THAT WOULD MAKE YOU UNABLE TO SAFELY HANDLE A FIREARM

- a. \_\_\_\_\_  
b. \_\_\_\_\_

12. ARE YOU CURRENTLY BEING TREATED FOR AN ADDICTION TO ANY CONTROLLED SUBSTANCE, ALCOHOL, HEROIN, OPIOID OR MARIJUANA ADDICTION

\_\_\_\_ Yes what you are being treated for \_\_\_\_\_ No \_\_\_\_\_

13. DO YOU OR HAVE YOU ATTENDED ANY CLINIC FOR WITHDRAWALS? List where and the contact information \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_

14. Have you been diagnosed with or suffer from Y or N

Schizophrenia \_\_\_\_ Bipolar Manic Depressive \_\_\_\_ Paranoia or Psychotic Disorder \_\_\_\_

15. Within Past 10 years have you suffered from, been diagnosed with, or being treated for any of the following Y or N

PTSD \_\_\_\_\_ Depression \_\_\_\_\_ Personality Disorder \_\_\_\_\_

Alzheimer's disease or Dementia \_\_\_\_\_ Cognitive impairment \_\_\_\_\_

15 Please List any and all mental health or substance abuse providers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**STATE OF NORTH CAROLINA**

ROCKINGHAM County

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

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

<b>Name And Address Of Applicant</b>	<b>Date Of Birth</b>	<b>Social Security No.</b>
	<b>State Drivers License No. (State Identification No. if no Drivers License)</b>	<b>State</b>

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.

<b>Name Of Provider</b>	<b>Address Of Provider</b>
Daymark Recovery Services	PO Box 55 Wentworth, NC 27375
Triangle Springs	10901 Workd Trade Blvd Raleigh, NC 27617
Holly Hill Hospital	3019 Falstaff Rd Raleigh, NC 27610
VAYA Health	200 Ridgefield Court Suite 218 Asheville NC 28806
Central Regional Hospital	300 Veazey Rd Butner, NC 27104
Old Vineyard Behavioral Health	3637 Old Vineyard Rd Winston-Salem NC

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.

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