

# STOKES COUNTY SHERIFF'S OFFICE

## CONCEALED HANDGUN PACKAGE

Applicants Full Name (No Initials) \_\_\_\_\_

Applicants Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Hgt \_\_\_\_\_ Wgt \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Place of Birth (City/ State) \_\_\_\_\_ County of Residence \_\_\_\_\_

Military Experience  Yes  No If yes, last active date \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Have you ever received mental health services through either a family doctor or a mental health facility?

Yes  No If yes provide the name and location of the facility and state \_\_\_\_\_

By signing this form I am verifying that the information listed above is true and that I have received a copy of the Do's and Don'ts of Carrying a Concealed Handgun.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SHERIFF'S OFFICE USE ONLY

Fee Collected Amount: _____	Signature of Person Collecting Fee: _____
AOC Record <input type="checkbox"/> No Record	
NCDMV <input type="checkbox"/> No Record	
National (NICS) <input type="checkbox"/> No Record	
NCAWARE <input type="checkbox"/> Nothing Active	
Other Info _____	
Background Conducted By: _____	Date: _____
<input type="checkbox"/> Permit Approved <input type="checkbox"/> Permit Denied	Signature: _____ Date: _____

<b>STATE OF NORTH CAROLINA</b>		<b>APPLICATION FOR CONCEALED HANDGUN PERMIT</b>			
Name of Applicant (Last, First, Maiden)(Attach listing of all previous addresses and all name changes including location and court file number, if applicable)		<input type="checkbox"/> NEW PERMIT		<input type="checkbox"/> RENEWAL PERMIT	
		<input type="checkbox"/> DUPLICATE		<input type="checkbox"/> EMERGENCY TEMPORARY PERMIT	
Street Address		Date of Birth		Social Security No. (see notification on page 3)	
City	State	Driver's License No. (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	Sex
				Hair	
Telephone No.	County of Residence	Eyes	Height	Weight	Other Physical Description

	<b>APPLICATION</b>	
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**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
  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 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? (5)  Yes  No\*  
     ▶ If Yes, attach documentation  
     If No: Do you meet the retired law enforcement officer exception in N.C.G.S. § 14-415.12(A)? \*  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
  9. Are you a fugitive from justice? (9)  Yes  No
  10. Are you an unlawful user (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" (13)  Yes  No
  14. Have you had an entry of prayer of 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 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



## **“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 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 for 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 your 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 has 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.

**CONSUMER AUTHORIZATION**  
To Permit Use and Disclosure of Health Information

**This authorization form implements the requirements for consumer authorization to use and disclose Health Information protected by the Federal Privacy Law, (HIPAA) 45 C.F.R. parts 160-164; the Federal Confidentiality Law, 42 C.F.R. part 2, and State Confidentiality Law governing Mental Health, Developmental Disabilities, Substance Abuse Services G.S. 122C, and G.S. 130A-143.**

Client Name: \_\_\_\_\_ Record Number \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_

Requests and authorizes \_\_\_\_\_ **CenterPoint Human Services** \_\_\_\_\_ to use or disclose  
(Name of agency/ person/ facility/ or program authorized to make disclosure)

the Protected Health Information indicated below (including HIV and Substance Abuse related information if applicable)

to: \_\_\_\_\_ **Stokes County Sheriff's Office** \_\_\_\_\_  
(Agency/ person/ facility/ or program to whom the requested use or disclosure will be made)

**\*Please indicate information to be disclosed**

<input checked="" type="checkbox"/> Admission/ Screening Assessment	<input type="checkbox"/> Service Plan	<input type="checkbox"/> Service Notes
<input checked="" type="checkbox"/> Medication Hx/Physicians Orders	<input checked="" type="checkbox"/> Psychological testing Substance Abuse	<input type="checkbox"/> <b>HIV Related Info.*</b> Psychiatric
<input checked="" type="checkbox"/> Discharge Information	<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Evaluation
<input type="checkbox"/> <b>3<sup>rd</sup> Party Information*</b>	<input type="checkbox"/> Accounting of Disclosure	<input type="checkbox"/> 508 DWI Form

Purpose of disclosure: \_\_\_\_\_ Continuity of Care \_\_\_\_\_ Referral \_\_\_\_\_ Legal \_\_\_\_\_ Service Delivery  Other

Other information (if not listed): Concealed Handgun Permit

**\*(HIV or other communicable disease related information may be a part of multiple documents in the record)**

I understand that, once information is disclosed pursuant to this Authorization, it is possible that it will not be protected by state and federal privacy and confidentiality laws and that it could be redisclosed by the person or agency that receives it.

\*I understand that by indicating I authorize 3<sup>rd</sup> Party Information to be disclosed, and Protected Health Information (PHI) from other treatment facilities contained in this medical record will be shared pursuant to this authorization; including information related to HIV infection, AIDS or AIDS-related conditions, substance abuse information, psychological or psychiatric conditions, or genetic testing.

I understand that with certain exceptions, I have the right to revoke this authorization at any time. The procedure for revoking authorizations as well as the exceptions to my right to revoke is explained in CenterPoint Human Services **Notice of Privacy Practices**. If you do not have the **Notice of Privacy Practices** you may request one from the receptionist.

The meaning of this authorization form has been explained to me. I understand that I may refuse to sign the authorization form. I understand that CenterPoint Human Services will not condition treatment on receiving my signature on this authorization. I understand this authorization is made freely, voluntarily and without coercion. I understand the health information indicated will be disclosed per my instructions.

Consumer: \_\_\_\_\_ Legally Appointed Representative \_\_\_\_\_

*If consumer has reached 18 + years of age proof of Legal Court Appointed Guardianship Documents must be presented to sign here.*

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(One year from date signed)

<b>STATE OF NORTH CAROLINA</b> Stokes County	<b>RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT</b>	
<i>Name And Address Of Applicant</i>	<i>Date Of Birth</i>	
	<i>Social Security No.</i>	
	<i>State Drivers License No. (State Identification No. If No Drivers License)</i>	<i>State</i> NC

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>
<b>Stokes County Clerk of Court</b>	<b>P.O. Box 250 Danbury, NC 27016</b>
<b>Central Regional Hospital</b>	<b>1003 12th Street Butner, NC 27509</b>

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.

<b>SWORN 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>Notary Public</b>		<b>SEAL</b>
<i>Date Commission Expires</i>		

# **STOKES COUNTY SHERIFF'S OFFICE**

## **SHERIFF MIKE MARSHALL**

### **\*INSTRUCTIONS FOR COMPLETING APPLICATION\***

**EACH QUESTION MUST BE ANSWERED EXACTLY AS INSTRUCTED. INCOMPLETE ANSWERS WILL DELAY YOUR APPLICATION**

#### **Demographic Form**

Complete this form completely. When you place your name on any of the documents, you need to put your full name, not initials. If you need to put additional information and are out of room on the form, you may use the back of the demographic form.

#### **Application Form**

1. **Print or type all information**
2. **Name:** Last name, First name, Middle name, (This should match the name on your ID/ driver's license)
3. **Address:** This block must include your house number, street or road name, city and zip code. A post office box is not an address
4. **Mailing address:** If you receive mail at a location other than the above address, list it here.
5. **Telephone number:** Area code and a good contact phone number. This number will remain on file. If you change your telephone numbers please notify our agency.
6. **County of Residence:** You must be a resident of this county to apply here. You must be a resident of NC for 30 days prior to application being filed.
7. **Date of Birth:** Must be exactly as your government id.
8. **Social Security Number:** Exactly as shown on your social security card. (Disclosure of your social security number is voluntary)
9. **State Driver's License Number:** Your address on your license must match the address on your application.
10. **State:** This field please indicate NC for North Carolina
11. **Military Status:** Check the appropriate box. Must provide documentation. DD-214
12. **Race, Sex Hair, Eyes, Height, and Weight:** Accuracy is important
13. **Other Physical Description:** Describe surgical scars, tattoos, amputations.

#### **Mental Health Records Release Form/ Centerpoint Human Services Form**

1. Print or type all information
2. **Name:** First, Middle, Last
3. **Record Number:** Leave this blank
4. **Address:** Your complete physical address including you zip code
5. **Date of Birth:** Must be exactly as your government id.
6. **Social Security Number:** Exactly as shown on your social security card. (Disclosure of your social security number is voluntary)
7. **State Driver's License Number:** Your address on your license must match the address on your application.
8. **State:** This field please indicate NC for North Carolina
9. **Name of Provider:** - Stokes County Clerk of Court (Address) P.O. Box 20 Danbury, NC 27016  
Central Regional Hospital (Address) 1003 12<sup>th</sup> St Butner, NC 27509

**\*\*\*DO NOT SIGN ANYTHING UNTIL YOU GET TO THE OFFICE. THIS APPLICATION MUST BE SIGNED AND NOTARIZED AT THE SHERIFF'S OFFICE IN FRONT OF THE OFFICE STAFF.\*\*\***

**All requested documentation must be submitted with the Application, all fees paid in at the time of application, and fingerprints shall be taken on date of submission.**

### **FEES**

Application Fee: \$80.00

Fingerprint fee: \$10.00

Total Submitted to the Sheriff's Office: \$90.00

**When this application is returned to the Sheriff's Office for processing the following documents shall be included:**

- Application/ We will notarize the form in the office
- Waiver to release information/ We will notarize this form in the office
- **Original** Certificate from training course
- Copy of State Driver's License
- Copy of Military Status DD-214
- Payment of Fees

### **General information for applicant:**

- On the date you submit this application for concealed handgun permit the State of North Carolina mandates a maximum completion of 90 Days.
- We are required to verify all information submitted, conduct a thorough background investigation and submit fingerprint cards to the NCSBI and FBI. Fingerprint processing will consume 4 weeks of the allotted processing time.
- Mental health releases are mailed to different agencies and take approximately 4 weeks to process.
- Upon completion the results are compiled and a determination is made whether our agency can issue you a permit.
- All approved permits are issued through Raleigh and delivered to the Sheriff for distribution.
- Once your permit is returned to the Sheriff's Office, someone from the office will call you and let you know the card is here for you to pick up. You will have to come in person because you have to sign the card. This can be done Monday through Friday 8:30 – 4:45.