

STOKES COUNTY SHERIFF'S OFFICE

SHERIFF MIKE MARSHALL

INSTRUCTIONS FOR COMPLETING THE RENEWAL 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, Maiden name.
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 your home 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 (Formerly John Umstead Hospital (Address) 1003 12th
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 may be required on date of submission.

FEES

Application Fee: \$75.00

Fingerprint fee: \$10.00 (This may not be required)

Mental Check: \$5.00

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

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

- Application/ We will notarize the form in the office
- Waiver to release information/ We will notarize this form in the office
- 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 and conduct a thorough background investigation. This could take a few weeks.
- 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 re-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.

STOKES COUNTY SHERIFF'S OFFICE

CONCEALED HANDGUN RENEWAL PACKAGE

Applicants Full Name (No Initials) _____

Applicants Physical Address _____

City _____ State _____ Zip _____

Race _____ Sex _____ DOB _____ Social Security # _____

Driver's License Number _____ State _____ Home Telephone # _____

Hair _____ Eyes _____ Hgt _____ Wgt _____ Permit # _____

Mailing Address _____ Permit Issue Date _____

Place of Birth (City/ State) _____ County of Residence _____

Place of Employment _____ Business Telephone _____

Military Experience Yes No If yes, last active date _____

Previous Address _____

Today's Date _____

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: _____

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 carried.
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 he 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 controlled substances are in your blood unless the controlled substance was obtained legally and taken in the therapeutically appropriate amounts.
5. You must notify the sheriff who issued the permit of any change of address 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. A financial institution.
 - d. And premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises.
 - e. Educational property.
 - f. Areas of assemblies, parades, funerals or demonstrations.
 - g. Places where alcoholic beverages are sold and consumed.
 - h. State occupied property.
 - i. Any state or federal courthouse
 - j. In any area prohibited by federal law.
 - k. In any 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 state that you are in possession of a permit. Do not remove your hands from the wheel until instructed to do so by the officer.

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 Active Reserve Race Sex Hair
 Discharged Retired N/A

Telephone Number County of Residence Eyes Height Weight Other Physical Description

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
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 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
 ▶ 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 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 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 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)

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: _____ | <input type="checkbox"/> |
| 2. One full set of fingerprints administered by the Sheriff's Office | <input type="checkbox"/> | 9. Date denied Temporary Permit: _____ | <input type="checkbox"/> |
| 3. Original certificate of completion of approved firearms safety & training course | <input type="checkbox"/> | 10. Date issued Permit: _____ | <input type="checkbox"/> |
| 4. Renewal –Waiver of Application Firearm Safety & Training Course | <input type="checkbox"/> | Permit Number: _____ | |
| 5. Attachment(s) (specify): _____ | <input type="checkbox"/> | 11. Date denied Permit: _____ | <input type="checkbox"/> |
| 6. Temporary documentation | <input type="checkbox"/> | 12. Date submitted to SBI: _____ | <input type="checkbox"/> |
| 7. Other: _____ | <input type="checkbox"/> | 13. NICS Transaction Number (NTN): _____ | <input type="checkbox"/> |

Signature of Sheriff: _____

Original – Sheriff / Copy – SBI / Copy – Applicant

LIST OF DISQUALIFYING CRIMINAL OFFENSES

1. Harassment of and communication with jurorsN.C.G.S. § 14-225.2
2. Violation of court ordersN.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 propertyN.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumedN.C.G.S. § 14-269.3
6. Carry weapons on state property and courthousesN.C.G.S. § 14-269.4
7. Possession and/or sale of spring-loaded projectile knivesN.C.G.S. § 14-269.6
8. Impersonation of a fireman or emergency medical services personnelN.C.G.S. § 14-276.1
9. Impersonation of a law enforcement officer or other public officer.....N.C.G.S. § 14-277
10. Communicating threats.....N.C.G.S. § 14-277.1
11. Carry weapons at parades and other public gatheringsN.C.G.S. § 14-277.2
12. StalkingN.C.G.S. § 14-277.3
13. StalkingN.C.G.S. § 14-277.3A
14. Throwing or dropping objects at sporting eventsN.C.G.S. § 14-281.1
15. Exploding dynamite cartridges and/or bombsN.C.G.S. § 14-283
16. Rioting and inciting a riotN.C.G.S. § 14-288.2
17. Fighting or conduct creating the threat of imminent fighting or other violence.....N.C.G.S. § 14-288.4(a)(1)
18. Making or using any utterance, gesture, display, or abusive language which is intended and plainly likely to provoke violent retaliation, and thereby create a breach of peace.....N.C.G.S. § 14-288.4(a)(2)
19. Looting and trespassing during an emergency.....N.C.G.S. § 14-288.6
20. Assault on emergency personnelN.C.G.S. § 14-288.9
21. Violations of city state of emergency ordinances.....N.C.G.S. § 14-288.12
22. Violations of county state of emergency ordinancesN.C.G.S. § 14-288.13
23. Violations of state of emergency ordinancesN.C.G.S. § 14-288.14
24. Child abuse.....N.C.G.S. § 14-318.2
25. Violations of the standards for carrying a concealed weaponN.C.G.S. § 14-415.21(b)
26. Misrepresentation on certification of qualified retired law enforcement officersN.C.G.S. § 14-415.26(d)
27. Any crime found in Chapter 14, Article 8 of the North Carolina General Statutes.

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 OF STOKES

IN THE MATTER OF THE
CONCEALED HANDGUN PERMIT
RENEWAL OF:

AFFIDAVIT

(NAME)

(PERMIT NUMBER)

I currently hold a concealed handgun permit with Stokes County originally issued on _____. Pursuant to NCGS 14-415.16, I am hereby making timely application for the renewal of this permit. I hereby affirm that I remain qualified to possess this permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the North Carolina General Statutes. Specifically, I affirm that:

1. I have 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 or am otherwise exempted from this course.
2. I am eligible to own, possess, or receive a firearm under the provisions of state and federal law.
3. I am not under indictment nor has any finding of probable cause been entered for a pending felony charge.
4. I have not been adjudicated guilty in any court of a felony.
5. I am not a fugitive from justice.
6. I am not 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.
7. I am not currently, and have not previously been adjudicated or administratively determined to be lacking mental capacity or mentally ill.
8. I have not been discharged from the armed forces under conditions other than honorable.
9. I have not been adjudicated guilty of or received a prayer for judgment continued or 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 attachment (1) to this form.

10. I have not had an entry of a prayer for judgment continued for a criminal offense, which could disqualify me from obtaining a concealed handgun permit.

11. I am not free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify me from obtaining a concealed handgun permit.

12. I have not 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 affidavit.

13. I am 21 years of age or older.

14. I am a citizen of the United States.

15. I am a current resident of North Carolina and have lived here 30 days or longer prior to this renewal application.

16. I do not have a physical or mental infirmity that prevents the safe handling of a handgun.

17. I have not violated any of the standards for carrying a concealed handgun with this permit as set forth in Article 54B of Chapter 14 of the North Carolina General Statutes.

This the ____ day of _____, _____.

Signature

State of North Carolina

County of Stokes

Sworn and subscribed to me, this the ____ day of

_____, _____.

Notary Public

My commission expires _____.

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, and Substance Abuse Services G.S. 122C.

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"/> HIV Related Info.* Psychiatric
<input checked="" type="checkbox"/> Discharge Information	<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Evaluation
<input type="checkbox"/> 3rd Party Information*	<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 3rd 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 substance abuse information.

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)

STATE OF NORTH CAROLINA _____ STOKES _____ County	RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT
<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>

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
Stokes County Clerk of Court	P.O. Box 20 Danbury NC 27016
Central Regional Hospital	1003 12 th Street Butner NC 27509

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		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>
<i>Title</i>		SEAL
<i>Date Commission Expires</i>		