## Baldwin County Sheriff's Office Pistol Permit Application

## Please Print

Notary Public

IT IS UNLAWFUL FOR YOU TO POSSESS A PISTOL IF YOUI HAVE BEEN CONVICTED OF A CRIME OF VIOLENCE, INCLUDING LARCENY. You must be at least 21 years old and a resident of Baldwin County to apply. The law prohibits the sheriff of one county issuing a license to a resident of another county. FALSE INFORMATION WILL SUBJECT LICENSE TO REVOCATION.

Full Name:First		Middle	;	Last	
Social Security #	Date of Birth/	_/ Race	2	_ Driver's License #	
Sex Height feet	_ inches Weight	Hair	_ Eyes	_ Place of Birth	
Iome Phone	_ How ln have you lived	l in Baldwin Cou	inty?	years months	
Home Address		City		Zip	
Mailing Address		City		Zip	
Employer				Number	
Length of Employment ye	ars months	Occupation			
Iave you ever been convicted for a	ny violation of the law, in	ncluding traffic v	riolation?	If so, what?	
Oo you have any Court Cases pend	ling? If so, w	here?			
Have you ever been adjucated ment	ally defective (which inc	ludes having bee	n adjudicated ii	ncompetent to manage your own affairs)	
				ncompetent to manage your own affairs)	
ou ever been committed to a ment	al institution?				) or l
You ever been committed to a ment	al institution?yone including domestic	trouble?	_ If so, what? _		) or l
Are you ever had a pistol permit?	al institution? yone including domestic Where	trouble?	_ If so, what? _	_ When	) or l
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You must have three people personally sign as character references. References must sign with the understanding that they are recommending approval of this application.

Name	Address	Employer	Daytime Phone Number
For Office Use Only			
Approved:	_ Disapproved:	By:	
Comments:			
_			
License Issued			
Date	License Number		