



ROCKDALE COUNTY PROBATE COURT FIREARMS LICENSE APPLICATION

Print Form

Instructions for completing firearms application, waiver and consent form:
The **application for firearms form**, the **waiver form** and the **consent form** must each be completed in their entirety. Applicants must fill in all blanks **EXCEPT** the applicant's number. **DO NOT** sign the application, waiver form or consent form until present in the Probate Court Office and witnessed by a Clerk.

Applicant's Number:

Applicant's Name:
(First, Middle & Last or as registered with INS)

Date of Birth: INS Alien/Admission No.:

Sex: Race: Height: Weight:
(Feet/Inches) (Pounds)

Hair Color: Eye Color:

Place of Birth:
(City, State & Contry)

Complete Address:
(Street #, Street, City, State & Zip)

Mailing Address:
(If Different)

County: ROCKDALE

Telephone #s:
(Home, Work, Cell)

1 Are you currently a United States citizen? Yes No

If you have ever renounced your U.S. citizenship, attach a copy of the reversal of such renunciation. If you are not a U.S. citizen:
--- You must show proof of name/address/date of birth/INS number/phone ID.

--- Identify all countries of citizenship:

--- Attach: (a) documentation of your lawful presence in the United States, and (b) proof of residency in the State of Georgia for at least 90 days.

2 Are you a non-immigrant or non-resident alien? Yes No
If yes, attach proof that you fall within an exemption establishing your eligibility.

3. Have you ever been convicted of, pled guilty or *nolo contendere to*, or received first offender treatment for any offense involving the unlawful manufacture, distribution, possession or use of a controlled substance or dangerous drug? Yes No

If pardoned or rights restored, specify date(s) and attach proof. Date:

4. Have you ever been convicted of, pled guilty or *nolo contendere to*, or received first offender treatment for any offense involving domestic violence, violence towards a family member, child or significant other? Yes No

If pardoned or rights restored, specify date(s) and attach proof. Date:

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5. Have you ever been convicted of, pled guilty or *nolo contendere to*, or received first offender treatment for any felony offense or any offense punishable by a term of imprisonment/probation over one year, or court-martial charge punishable by imprisonment over one year? Yes No

If pardoned or rights restored, specify date(s) and attach proof.

Date:

6. Have you ever been convicted of, pled guilty or *nolo contendere to*, or received first offender treatment for any felony offense involving force or violence or a forcible misdemeanor? Yes No

7. Have you ever been convicted of, pled guilty or *nolo contendere to*, or received first offender treatment for carrying a concealed weapon, having a deadly weapon at a public gathering, carrying a pistol without a license or any other offense involving a weapon? Yes No

8. Are you subject to any pending charge or charges in any courtroom including matters under indictment, accusation, on appeal, uncompleted first offender treatment or other court order? Yes No

If yes, do the pending charges involve or arise out of any felony, any crime that is possibly punishable by imprisonment for over one year, or any misdemeanor involving force or violence, or any offense or conduct involving a weapon or any offense involving a controlled substance or other dangerous drug? Yes No

9. Have you left any state, or any foreign state, to avoid criminal prosecution, to avoid giving testimony in any criminal proceedings, or knowing that charges are pending against you? Yes No

10. Have you been the subject of any proceedings (including arrests, matters on appeal, under indictment or accusation, or cases which were *nolle prossed*) with the past five years for any offense arising out of the unlawful possession of use of a controlled substance or other dangerous drug, or found through a drug test to have used such a substance or drug unlawfully within the past year? Yes No

11. Do you use any controlled substance or illegal drug other than as prescribed by a licensed physician, or have you done so within the past year, or regularly used any such drug within the past five years? Yes No

12. Are you addicted to or have you lost self-control over any controlled substance or drug? Yes No

13. Are you, or have you ever been, subject to any court order (including but not limited to restraining orders, protective orders, peace bonds and good behavior bonds) restraining you from harrassing, stalking, threatening, engaging in communication with, or refraining in any manner from contact with or coming in proximity to any person, individual, spouse, child or former or current intimate partner, parent or their property, residence or other location frequented by such person? Yes No

If yes, attach a copy of the court order and any terminating or final disposition order.

14. Have you ever been dishonorably discharged from the U.S. Armed Forces, or seperated from the U.S. Armed Forces under a dismissal adjudged by a general court-martial? Yes No

15. Have you ever been found by a civil or criminal court, board, commission or other lawful authority, as a result of subnormal intelligence, incompetency, mental illness, condition of disease, to be a danger to yourself or others, to lack the mental capacity to manage your own affairs, or to be incompetent to stand trial, insane, guilty but mentally ill, or not guilty for lack of mental responsibility? Yes No

16. Have you ever been ordered to receive inpatient or outpatient treatment at any treatment facility, mental health center, hospital, sanitarium, clinic or program for mental condition, drug abuse, or alcohol abuse, by any court order, or other authority in any civil, criminal or administrative proceeding? Yes No

If yes, attach a copy of the order.

I do swear and affirm under penalty of false swearing or perjury that the foregoing information is true and correct to the best of my knowledge and belief.

Sworn to and subscribed before me this, the _____ day of _____.

Applicant Signature

Clerk of Probate Court

ATTACHMENT A WAIVER

All Applicants Must Complete This Page
(Pursuant to Official Code of Georgia Annotated Section 16-11-129)

I have applied to the above Court for the issuance of a firearms license. One of the questions on such application asks whether I have been hospitalized as an inpatient in any mental hospital or alcohol or drug treatment center within the past five (5) years. In order to enable the Court to verify my answer, I hereby authorize any hospital or alcohol or drug treatment center which may be contacted by such Court to inform such Court whether or not its records indicate that I have been hospitalized as an inpatient in any such facility, and I hereby expressly waive any privilege of confidentiality which might otherwise apply to such records, except that the Court shall keep confidentiality which might otherwise apply to such records, except that the Court shall keep confidential any such hospitalization or treatment information released to it. Furthermore, if such records indicate that I have been an inpatient in any mental hospital or alcohol or drug treatment center within the past five (5) years, I expressly release the Georgia Department of Human Resources, Division of Mental Health/Mental Retardation, any mental hospital or alcohol or drug treatment center, and their officers, agents and employees from any and all liability for releasing the requested information concerning me to the Court.

Applicant's Number: _____

Signature of Applicant

Applicant Name:
(Print or Type)

Address:
(Street, #, City, State & Zip)

Phone Number(s):
(Home, Work, Cell)

Race: Sex: Date of Birth:

Sworn to and subscribed before me on this
_____ day of _____, _____.

Clerk/Judge Rockdale County Probate Court

ATTACHMENT B
CONSENT FORM
All Applicants Must Complete This Page

I hereby authorize the Probate Court of Rockdale County to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Applicant's Number: _____

Signature of Applicant

Applicant Name:
(Print or Type)

Address:
(Street, #, City, State & Zip)

Phone Number(s):
(Home, Work, Cell)

Race:

Sex:

Date of Birth:

Sworn to and subscribed before me on this

_____ day of _____, _____.

Clerk/Judge Rockdale County Probate Court