

Office of the Sheriff

Ernie Coleman

SHERIFF

Beaufort County Sheriff's Office
210 North Market Street
Washington, NC 27889

Office: 252-946-7111
Fax: 252-946-0993

CONCEALED WEAPON PERMIT APPLICATION PROCESS

TO COMPLETE APPLICATION:

- ❖ Return to the Sheriff's Office on **Monday, Wednesday or Friday 8:30am-11:20am** with the following:
 1. A completed application with notarization on page 2 and the Release of Physical and Mental Health document. Also the last page needs a witnessed signature which can be the notary or another available person.
 2. An original copy of the certificate of completion from a firearms safety and training course.
 3. If you have been a member of the military, a copy of your discharge papers must accompany your application
- ❖ Fingerprints will be required, our office hours for fingerprinting are **Monday, Wednesday and Friday 8:30am-11:20am**.
- ❖ **Cash Only** – Application fee is \$80, fingerprinting is \$10 = \$90 Total
- ❖ Applicants can expect the application process to be approximately 30 to 90 days from the date of submission.

TO RENEW CONCEALED WEAPONS PERMIT:

- ❖ Return completed application with notarization on page 2 and the Release of Physical and Mental Health document. The last page of the application needs a witnessed signature which can be the notary or another available person. Also the affidavit included with the application needs to be notarized.
- ❖ **Cash Only** – Application fee is \$75
- ❖ You may bring your application into the Sheriff's Office any time **Monday through Friday, 8:00am - 4:30pm**.

IMPORTANT INFORMATION:

- ❖ An applicant must be over 21 years of age, a citizen of the United States and a resident of North Carolina for 30 days.
- ❖ Applications for a Concealed Weapon Permit may be picked up at the Sheriff's Office any time during regular office hours, Monday through Friday 8:00 AM to 5:00 PM.
- ❖ FEES ARE NONREFUNDABLE

Fee Schedule

Application fee.....	\$80.00
Fingerprinting fees.....	\$10.00
Renewal Fee.....	\$75.00
Duplicate Fee.....	\$15.00

CASH ONLY

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 <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	<p style="text-align: center;">CAUTION</p> <p>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.</p>	
Date Commission Expires		
SEAL		

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 _____
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

LIST OF DISQUALIFYING CRIMINAL OFFENSES

► **NOTE:** *Effective July 1, 2015 for all CHP applications – an applicant who has been found guilty of or received a prayer for judgment continued or a suspended sentence for one of the offenses listed in 1-20, AND THREE YEARS HAS PASSED PRIOR TO SUBMITTING THE APPLICATION, can receive a Concealed Handgun Permit.*

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

► **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		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>
<p>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.</p> <p>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.</p>			
Name Of Provider		Address Of Provider	
<p>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.</p> <p>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.</p>			
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>			
<i>Date Commission Expires</i>			
		SEAL	

AUTHORIZATION TO RELEASE INFORMATION

Client Name (Last, First, Middle or Maiden Name)		Social Security No.	Date of Birth
Name/Address of Agency, Organization or Individual which Possesses Information to be Released Cherry Hospital Caller Box 8000 Goldsboro, NC 27533 ATTENTION: Medical Records/Correspondence		Name/Address of Agency, Organization or Individual To Whom Information is to be Released Beaufort County Sheriff's Office 210 North Market Street Washington, NC 27889	
Information Requested (Specify the nature and extent of information to be released) Information Specific to Mental Health Services		Purpose(s) or Need for which the Information is to be Used Concealed Weapon Permit Application	

I hereby request and authorized the above-named agency, organization or Individual which possesses information relative to the client named above to release information, as specified, to the agency, organization or individual named on this request. I understand that the information to be released may include information regarding drug abuse, alcohol abuse, sickle cell anemia, psychological or psychiatric impairments and AIDS or HIV test results if applicable.

I certify that this authorization is made freely, voluntarily and without coercion. I understand that the information to be released is protected under state and federal laws and cannot be redisclosed 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 to comply with it. Without my express revocation, this consent will automatically expire upon satisfaction of the need for disclosure.

A photocopy of this authorization may be considered as valid as the original.

_____	_____
Signature of Client	Signature of Legally Responsible Person (when required)
_____	_____
Signature of Witness	Date

_____ A search of our medical records revealed that the above-named individual does not have a medical record associated with Cherry Hospital, Goldsboro, N. C.

_____ A search of our medical records revealed that the above-named individual does have a medical record associated with Cherry Hospital, Goldsboro, N. C.

Information Check by: _____
Signature/Title Date

STATE OF NORTH CAROLINA)
)
COUNTY OF BEAUFORT)
Residence)
)
)
IN THE MATTER OF THE)
CONCEALED HANDGUN PERMIT)
RENEWAL OF:)

AFFIDAVIT

(NAME)

(PERMIT NUMBER)

I currently hold a concealed handgun permit with _____
County originally issued on _____ (Date). 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 a 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 would 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 Beaufort

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

Notary Public

My Commission expires _____