

APPLICATION FOR WEAPONS CARRY LICENSE

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

Maiden Name, Aliases & Names Previously Used:

Date of Birth: (Age if < 21: + attach proof of completed basic training or honorable discharge)

INS Alien/Admission No.

Sex: Race: Height Weight: Hair Color: Eye Color:

Place of Birth: City State, Province or District Country

Residence/Street Address:

City, State, Zip: County:

Mailing Address if different:

Phone Numbers: Home () Other ()

GA Military Base of non-resident who is active military (attach copy of active duty orders)

1. Are you currently a United States Citizen? Yes No

Have you ever renounced your U.S. citizenship? Yes No

If so, attach a copy of the reversal of renunciation.

If you are not a U.S. Citizen:

- You must show proof of name/address/date of birth/place of birth/INS or ICE number/photo ID.
Identify all countries of citizenship:
Attach: (a) Documentation of your lawful presence in the United States, for example:

-As to Immigrant Aliens: Resident Alien card, Permanent Resident Card or Immigrant Visa with Adit Stamp; OR

-As to Non-Immigrant Aliens: a Student Visa, Tourist Visa, Employment Authorization Card, or valid Passport with Arrival/Departure Record;

and

(b) Proof of residency in the State of Georgia.

2. Are you a non-immigrant (temporarily admitted) alien? [See above] Yes No

If yes, attach proof that you fall within an exemption establishing your eligibility.

3. Have you been convicted of or pled guilty to any offense or court-martial charge involving the unlawful possession or use of a controlled substance or dangerous drug within the past five years or served any portion of incarceration or probation for use or possession of a controlled substance within the past five years?..... Yes No

If yes and the foregoing conviction was for a misdemeanor drug offense, have you also within the past five years been convicted of, or served any portion of incarceration or probation in that time for a second misdemeanor drug offense involving use or possession of a controlled substance, unlawful manufacture or distribution of a controlled substance or dangerous drug, or of unlawful possession or shipping of a firearm, or had a weapon carry license revoked within the last 3 years?..... Yes No

If pardoned and firearms rights restored, attach copy of pardon.

4. Have you ever been convicted of, or pled guilty to, any misdemeanor crime involving the use or attempted use of physical force or threatened use of a deadly weapon towards (a) anyone as to whom at the time of the offense you were a current or former spouse, parent or guardian or similarly situated to a spouse, parent or guardian, (b) a person with whom you had a child in common, or (c) a person you lived with or had lived with as a spouse, parent or guardian or similarly situated to a spouse, parent or guardian, including but not limited to a girlfriend, boyfriend, step-child, foster child or ward ? Yes No

If pardoned and firearms rights restored, attach copy of pardon.

5. Have you ever been convicted of or pled guilty to any felony offense or any offense punishable by a term of imprisonment over one year, including a conviction by a court-martial under the Uniform Code of Military Justice for an offense which would constitute a felony?..... Yes No

If pardoned and firearms rights restored, attach copy of pardon.

6. Have you ever been convicted of or pled guilty to any offense arising out of the unlawful manufacture or distribution of a controlled substance or dangerous drug? Yes No

If pardoned and firearms rights restored, attach copy of pardon.

7. Have you ever been convicted of or pled guilty to carrying a weapon without a weapons carry license, or carrying a weapon or long gun in an unauthorized location?..... Yes No

If so, have you served any portion of incarceration or probation for such firearms offense in the past five years or had any other conviction or guilty plea within the past five years?... Yes No

Attach proof of the date your term of incarceration or probation ended, whichever is later (if any).

8. Are you under current indictment or information (formal charges) for a crime punishable by imprisonment for a term exceeding one year?..... Yes No

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

10. Have you tested positive for drugs in the past year, admitted to having used drugs within the past year, or been arrested more than once in the last five years with the last arrest having been in the past year for any offense arising out of the unlawful possession, manufacturing, distribution or use of a controlled substance or other dangerous drug?..... 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 & good behavior bonds) restraining you from harassing, stalking, threatening, engaging in communication with, or refraining in any manner from contact with or coming in proximity to any current or former spouse, any person with whom you have a child in common, or person with whom you live or lived while in a sexual relationship?.....Yes No

If yes, attach a copy of the order and any later order terminating or superceding the original order.

14. Have you ever been dishonorably discharged from the U.S. Armed Forces, or separated 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 or 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, guilty but mentally ill, not guilty by reason of insanity or not guilty for lack of mental responsibility?Yes No
16. Have you been hospitalized as an inpatient in any mental hospital or alcohol or drug treatment center within the past 5 years, or have you ever been ordered to receive inpatient or outpatient treatment at any treatment facility, mental health center, hospital, sanitarium, clinic or program for a mental condition, drug abuse, or alcohol abuse, by any court, board, or other authority in any civil, criminal or administrative proceeding? (If yes, attach a copy of the order)Yes No
17. Have you had a weapons carry license revoked by a judge of a probate court within the past 3 years?.....Yes No

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 _____ day of _____, 20____

 Clerk of Probate Court

APPLICANT'S SIGNATURE

FOR COURT USE ONLY:
 On _____ the applicant was:
 _____ issued a firearms license _____ denied a firearms license

 Judge/Clerk, Probate Court

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an appropriate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

PRIVACY RIGHTS NOTIFICATIONS FORM

APPLICANT PRIVACY RIGHTS NOTIFICATION

(Applicant Notification and Record Challenge)

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30-16.33 or go to the FBI website at <http://fbi.gov/about-us/cjis/background-checks>.

By signing this document below, I hereby state that I have reviewed a copy of the Noncriminal Justice Applicant's Privacy Rights form.

SOCIAL SECURITY NUMBERS NOTIFICATION

(Notice required under Section (7b) of the Federal Privacy Act of 1974)

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Probate Judge of Clarke County is authorized to request Social Security numbers pursuant to Official Code of Georgia Annotated, Section 16-11-129, which regulates firearms licensing checks and also under Rule 24.1, Uniform Rules for the Probate Courts in other situations as set forth therein including guardianships, conservatorships, and estates. The Social Security number blanks appear in certain forms published by the State of Georgia and by the local Court.

The Social Security number is used as a secondary identifier when processing checks of criminal history records maintained by the state and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, it is not proper to deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number.

However, the absence of a Social Security number as a secondary identifier may delay processing and decisions because of necessary additional investigative time. Note that the absence of a Social Security number may result in an individual initially being identified as having a criminal record which actually is that of another person.

This again, may result in delays in the decision.

I have reviewed the above privacy information regarding my privacy rights and social security number and I choose to:

- Provide my Social Security number: _____ - _____ - _____
- Not provide my Social Security number

Date

Print Name

Applicant's Signature