



# Marshall County Sheriff's Office

## Alien Inquiry Information

### State of Alabama



Read the following carefully and provide complete and accurate information. It is a crime to make a false statement or report to law enforcement. (Title 13A-10-109, Code of Alabama, 1975). A criminal history background check will be conducted on each applicant.

Full Name: \_\_\_\_\_  
Last First Middle

Physical Address: \_\_\_\_\_  
(No P.O. Box Accepted) Street Number Apartment Number Street Name  
\_\_\_\_\_  
City State Zip Code

Last 3 Previous Addresses:

Address	City	State	Zip Code	Country
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_\_ Alabama Driver's License #: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Any Alien or Admission # Issued by U.S. Immigration and Customers Enforcement: \_\_\_\_\_

*Any inquiry will be conducted through U.S. Immigration and Customs Enforcement before a permit is issued. A person who is unlawfully present in this state may not be issued a permit under this section. Title 13A-11-75(b)(d)*



# MARSHALL COUNTY SHERIFF'S OFFICE

## PISTOL PERMIT APPLICATION

### STATE OF ALABAMA



Read the following carefully and provide complete and accurate information. It is a crime to make a false statement or report to law enforcement. (Title 13A-10-109, Code of Alabama, 1975). A criminal history background check will be conducted on each applicant.

Full Name: \_\_\_\_\_  
*Last*
*First*
*Middle*

Other Names You Have Been Known By: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*Street Number*
*Apartment Number*
*Street Name*

\_\_\_\_\_ *City* *State* *Zip Code*

Mailing Address: \_\_\_\_\_  
*Address* *City* *State* *Zip Code*

Email Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
*Home* *Cell*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No

Sex: \_\_\_ Male \_\_\_ Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Other State I.D.: \_\_\_\_\_  
*State* *Number* *State* *Number*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street Number* *City* *State* *Zip Code*

- Yes  No Have you ever had a pistol permit? If so, where and when? \_\_\_\_\_
- Yes  No Have you ever had a pistol permit revoked or denied? If so, where and when? \_\_\_\_\_
- Yes  No Have you ever been arrested for a crime of violence?
- Yes  No Have you ever been taken into custody by a law enforcement agency?
- Yes  No Have you ever been arrested or charged with a crime?
- Yes  No Are you currently under indictment?
- Yes  No Have you ever been treated for a mental illness?
- Yes  No Have you ever been treated for substance abuse (drugs/alcohol)?
- Yes  No Are you addicted to alcohol, prescription medicine or illegal drugs?
- Yes  No Are you on probation or under a restraining order from ANY court?
- Yes  No Are you awaiting trial as a defendant in any criminal case?
- Yes  No Have you been found guilty but mentally ill in a criminal case?
- Yes  No Have you been found not guilty in a criminal case by reasons of insanity or mental disease or defect?
- Yes  No Have you been declared incompetent to stand trial in a criminal case?
- Yes  No Have you asserted a defense in a criminal case of not guilty by reason of insanity or mental disease or defect?
- Yes  No Have you been found not guilty by reason of lack of mental responsibility under the Uniform Code of Military Justice?
- Yes  No Have you required involuntary outpatient treatment in a psychiatric hospital or similar treatment facility based on a finding that you are an imminent danger to yourself or to others?
- Yes  No Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug use?
- Yes  No Have you been the subject of a prosecution or of a commitment or incompetency proceeding that could lead to a prohibition on the receipt of possession of a firearm under the laws of Alabama or the United States?

If you answered YES to any of the questions above, please use the space below to provide dates and places of arrests or treatment, charges, agency involved and dispositions.

\_\_\_\_\_

\_\_\_\_\_

I certify that my answers are true, complete and correct and I understand this application will be rejected if any information is found to be false or misleading.  
 Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_  
 NCIC \_\_\_\_\_ ACJIC \_\_\_\_\_ NICS \_\_\_\_\_ TRANSACTION # \_\_\_\_\_ OTHER \_\_\_\_\_