

APPLICATION FOR GEORGIA 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 _____ Email _____

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/INS 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 Car, 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? 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 a probationary sentence 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 been convicted within the past five years of 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

If you have had no other conviction, attach proof of the date your term of probation, if any, was completed.

8. Are you under 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 state, 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 had 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, conditions 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, insane, guilty but mentally ill, 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 ever 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

APPLICANT'S SIGNATURE

FOR COURT USE ONLY

On _____, the applicant was:
 ___ issued a weapons carry license
 ___ denied a weapons carry license

 Judge/Clerk of Probate Court

 Judge/Clerk of Probate Court

Georgia Bureau of Investigation
Georgia Crime Information Center
Consent Form

Colquitt County Probate Court
035063J / CODE F

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

Full Name _____

Address _____

City _____

State _____

Zip _____

Sex _____

Race _____

Date of Birth _____

Social Security Number _____

*SSN optional but will prevent mis-identification

Signature _____

Date _____

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose Code 'M')
- Employment with elder care (Purpose Code 'N')
- Employment with children (Purpose Code 'W')

One of the following must be checked:

- This authorization is valid for 90 / 180 (circle one) days from date of signature.
- I, _____ give consent to the above named to perform a criminal history background check.

NOTARY SEAL

Notary Signature

NOTICE TO WEAPONS CARRY LICENSE APPLICANTS

Senate Bill 308, passed during the 2010 Session of the Georgia General Assembly, amended O.C.G.A. §16-11-129 concerning the applications for Firearms Licenses. Pursuant to this law, the Probate Judge/Court is required "within five business days following the receipt of the application" to "direct the law enforcement agency to request" a fingerprint based criminal history records check, a NICS background check, and, if appropriate, a search of records maintained by the U.S. Bureau of Immigration and Customs Enforcement. The law further provides that the law enforcement agency "shall report to the judge of the probate court within 30 days, by telephone and in writing, of any findings relating to the applicant which may bear on his or her eligibility for a license or renewal license.

Please be advised that this office will forward to Colquitt County Sheriff's Office a request for the criminal records searches required by law within five days of the receipt of your application. However, it is your responsibility to present yourself to the Colquitt County Sheriff's Office to be fingerprinted. Your failure to do so within five days after completing your application, or the inability of the Colquitt County Sheriff's Office to schedule or receive you for fingerprinting within five days, is beyond the control of the Probate Judge/Court.

It is this Court's intent and desire to comply fully with the new provisions of the licensing law, and we will do our part to see that your application is timely processed and that the search of the criminal history records is timely requested. However, we do not accept responsibility for your failure or inability to present yourself for fingerprinting within five days or any requirement of Colquitt County Sheriff's Office which delays the taking of your fingerprints beyond five days after your application is made.

Further, although the law requires the law enforcement agency to report the results of the criminal records searches within 30 days after the request is made to the law enforcement agency, this Court accepts no responsibility for any failure of the law enforcement agency to do so, particularly if that failure results from the failure of the GBI, the FBI or ICE to provide the actual criminal history of an applicant within 30 days.

The foregoing Notice is hereby acknowledged
by the undersigned applicant on

Signature of Applicant

Printed Name of Applicant

Applicant No.

Attested By

Judge/Clerk of Probate Court

All Applicants Must Complete This Page
(ATTACHMENT TO APPLICATION FOR FIREARMS LICENSE)

GEORGIA
COLQUITT
PROBATE COURT OF COLQUITT COUNTY

WAIVER

(Pursuant to Official Code of Georgia Annotated Section 16-11-129)

I have applied to the above Court for issuance of a firearm 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 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 authorize the superintendent of said facility to give the Court his recommendation as to whether I should be issued a firearms license. 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.

Signature of Applicant

Printed Name of Applicant

Address

Phone No.

City

Zip

Date of Birth

Race

Sex

Social Security No.

Sworn to and subscribed before me this

Judge/Clerk of Probate Court

CONFIDENTIAL