



**Macon County Sheriff's Office
Concealed Handgun Permitting
Instruction Sheet**



Read Instructions First

Have your paperwork NOTARIZED before you return it to the Sheriff's Office.

If you are applying for a CHP renewal please return this folder to the Front Desk at the Sheriff's Office when you are finished with the completion of your paperwork, Thank You!

There are three (3) parts to this package beside this instruction sheet.

1. State of North Carolina: "Release of Physical and Mental Health, Substance Abuse and Confidential Court Records for Concealed Handgun Permit" (AOC-SP-914M, 12/95)
 - a. **This MUST be notarized before returning the application package.** This can be done at your local bank for **FREE**.

2. State of North Carolina: "Application for Concealed Handgun Permit" (DCI CHPA, 12/95)
 - a. Indicate on this form if application is for a New Permit, Emergency Temporary Permit, Duplicate Permit, or Renewal Permit.
 - b. **This MUST be notarized before returning the application package.** This can be done at your local bank for **FREE**.

The completed package is to be returned with **CHECK or MONEY ORDER** made out to the order of: **Macon County** (Not the Sheriff's Office or the State) in the amount of shown below:

New Permits and Emergency Temporary Permits - \$90.00
Duplicate or Replacement Permits* -\$15.00
Renewal Permits - \$75.00

* Note: Change of Address, Change of Name, Loss or Destroyed permits requires you to apply for a Duplicate or Replacement Permit.

3. If you are applying for a **NEW** Concealed Handgun Permit you will be required to have your fingerprints taken. You can call **349-2295** or **349-2104** to schedule an appointment for fingerprints.

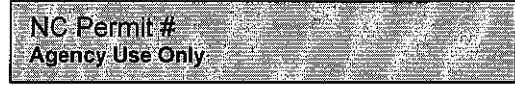
**WE DO NOT ACCEPT
CASH OR CREDIT
CARDS,
CHECKS OR MONEY
ORDERS
ONLY
FOR
CONCEALED OR
PURCHASE
HANDGUN
PERMITS**

**PLEASE MAKE PAYABLE TO:
MACON COUNTY**

***** **For Office Use Only** *****
Macon County Sheriff's Office
CCW Check List

Full Name: _____ Date of Birth: ____/____/____
 Last First Middle

Driver's License #: _____ State: _____



Received By: _____ Date Applied: _____

New Applicant – Concealed Firearm Permit

Documents in Folder:

- Certificate of Completion Firearms Safety Training Course
- *Application for CCW (Signed and Notarized)
- Signed Do's and Don'ts Sheet
- Mental Record Check (Signed and Notarized)
- Copy of Driver's License
- Copy of the Check or Money Order
- Finger prints Cards (2 copies)
- Instructor's Evaluation Form

Renewal Applicant – Concealed Firearm Permit

Documents in Folder:

- *Application for Renewal of CCW (Signed and Notarized)
- Affidavit – Concealed Handgun Permit Renewal (Signed and Notarized)
- Signed Do's and Don'ts Sheet
- Mental Record Check (Signed and Notarized)
- Copy of Driver's License (Is the Address the same as the Old Permit: Yes ___ No ___)
- Copy of the Check or Money Order

*** Review Application to insure each block is completed and all questions blocks are checked.**

DCI Information: QNP - Processed by: _____ Date Performed: _____

NTN/ _____

____ No Prior Record

____ Prior Record (If located):

_____ FBI #

_____ SID #

Fingerprint Response from DCI

Mental Background Check

Date Entered into DCI (ECG): _____ **Renewal (ECGN):** _____

Date Issued in DCI (ECGN): _____

Date Permit Received: _____

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)			<input type="checkbox"/> NEW PERMIT		<input type="checkbox"/> RENEWAL PERMIT	
			<input type="checkbox"/> DUPLICATE		<input type="checkbox"/> 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		Race	Sex	Hair
		<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A				
Telephone Number	County of Residence		Eyes	Height	Weight	Other Physical Description

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
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 the retired law enforcement officer exception in N.C.G.S. § 14-415.12(A)? * 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 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 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 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)

SWORN TO AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature of Person Authorized to Administer Oaths

Signature of Applicant

Title

Date Commission Expires

SEAL

CAUTION

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.

SHERIFF USE ONLY

Check List — check applicable boxes

- 1. Nonrefundable permit fee paid
- 2. One full set of fingerprints administered by the Sheriff's Office
- 3. Original certificate of completion of approved firearms safety & training course
- 4. Renewal -Waiver of Application Firearm Safety & Training Course
- 5. Attachment(s) (specify): _____
- 6. Temporary documentation
- 7. Other: _____

- 8. Date issued Temporary Permit: _____
- 9. Date denied Temporary Permit: _____
- 10. Date issued Permit: _____
Permit Number: _____
- 11. Date denied Permit: _____
- 12. Date submitted to SBI: _____
- 13. NICS Transaction Number (NTN): _____

Signature of Sheriff: _____

Original – Sheriff / Copy – SBI / Copy – Applicant

STATE OF NORTH CAROLINA _____ County	RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT
Name And Address Of Applicant	Date Of Birth
	Social Security No.
	State Drivers License No. (State Identification No. If No Drivers License) State

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.

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.

Name Of Provider	Address Of Provider
BROUGHTON HOSPITAL	1000 SOUTH STERLING ST. MORGANTON, N.C.28655 ATTN: MEDICAL RECORDS

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.

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.

SWORN AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
Title		SEAL
Date Commission Expires		

LIST OF DISQUALIFYING CRIMINAL OFFENSES

1. Harassment of and communication with jurors..... N.C.G.S. § 14-225.2
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 fireman or emergency medical services personnel..... N.C.G.S. § 14-276.1
9. Impersonation of a law enforcement officer or other public officer..... N.C.G.S. § 14-277
10. Communicating threats N.C.G.S. § 14-277.1
11. Carry weapons at parades and other public gatherings N.C.G.S. § 14-277.2
12. Stalking N.C.G.S. § 14-277.3
13. Stalking N.C.G.S. § 14-277.3A
14. Throwing or dropping objects at sporting events..... N.C.G.S. § 14-281.1
15. Exploding dynamite cartridges and/or bombs..... N.C.G.S. § 14-283
16. Rioting and inciting a riot..... N.C.G.S. § 14-288.2
17. Fighting or conduct creating the threat of imminent fighting or other violence N.C.G.S. § 14-288.4(a)(1)
18. Making or using any utterance, gesture, display, or abusive language which is intended and plainly likely to provoke violent retaliation, and thereby create a breach of peace N.C.G.S. § 14-288.4(a)(2)
19. Looting and trespassing during an emergency N.C.G.S. § 14-288.6
20. Assault on emergency personnel..... N.C.G.S. § 14-288.9
21. Violations of city state of emergency ordinances N.C.G.S. § 14-288.12
22. Violations of county state of emergency ordinances..... N.C.G.S. § 14-288.13
23. Violations of state of emergency ordinances..... N.C.G.S. § 14-288.14
24. Child abuse N.C.G.S. § 14-318.2
25. Violations of the standards for carrying a concealed weapon.....N.C.G.S. § 14-415.21(b)
26. Misrepresentation on certification of qualified retired law enforcement officers.....N.C.G.S. § 14-415.26(d)
27. Any crime found in Chapter 14, Article 8 of the North Carolina General Statutes.

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.

CONCEALED HANDGUN RECIPROCITY IN NORTH CAROLINA

Current list of States that have Concealed Handgun Permit agreements with North Carolina:

**Alabama
Alaska
Arizona
Arkansas
Colorado
Delaware
Florida
Georgia
Idaho
Iowa
Indiana
Kansas
Kentucky
Louisiana
Michigan
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Mexico
North Dakota
Ohio
Oklahoma
Pennsylvania
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin
Wyoming**

If you are from a State that is not on this list, please see our publication [North Carolina Firearms Laws](#) for a discussion of how to transport a firearm through North Carolina. This publication also includes a list of "Do's and Don'ts" for carrying a concealed handgun in North Carolina. This information is designed as a reference guide only and should not be relied upon as legal advice. (www.ncdoj.com)