

Date Received: _____

Time Received: _____

Received By : _____

CASWELL COUNTY SHERIFF DEPARTMENT

APPLICATION TO PURCHASE HANDGUN

Name: _____ Date: _____

Address: _____ Township: _____

_____ Phone No. _____

Social Security No. _____ Date of Birth _____ Race _____ Sex _____

Drivers License No. _____ Place of Birth _____

How long have you resided at present address: _____

List any previous addresses you have resided at within the last 5(five) years: _____

Have you ever been charged by any local, state or military of :

A. Felony: _____ If yes explain : _____

B. Misdemeanor: _____ If yes explain : _____

C. Traffic Violations _____ If yes explain : _____

D. Are you currently or have you ever been served with a Domestic Violence Order (50B Order): _____
If yes list date and County the order was issued from: _____

E. Are you an unlawful user of or addicted to marijuana, any depressant, stimulant or narcotic drug?

Place of employment: _____

Have you ever been institutionalized for mental health reasons ? _____ If yes list date(s) and institution(s) _____

List three (3) character references which live in Caswell County (Do not include relatives)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I desire the possession of a weapon for :

A. Protection of myself, home, business, property or family _____ or

B. Target Shooting _____ or

C. Collector _____ or

D. Hunting _____

I do hereby certify that the above statements are true and correct to the best of my knowledge . I also understand that any falsification of the above information will result in the refusal of my application.

I understand that all questions will be answered in full, if not my application to purchase a handgun can and will be denied.

Signature of Applicant

Date

OFFICE USE ONLY:

APPROVED : _____ ISSUED BY: _____

DENIED : _____ DATE ISSUED: _____