

# MOBILE COUNTY SHERIFF'S OFFICE

MCMJ	YES
	NO
	_____
	Initials

DL:	_____
STATE:	_____
NCIC:	_____
WARRANTS:	_____

## PISTOL PERMIT APPLICATION

Minimum Age 18

To the Sheriff of Mobile County, Alabama: I hereby apply for a license to carry a pistol on my person or in my vehicle for protection.

You are responsible for familiarizing yourself with all applicable laws regarding the concealed carrying of a pistol.  
Initial application must be made in person.

**Personal Information**

Name (Last, First, MI): \_\_\_\_\_ Maiden, if applicable: \_\_\_\_\_  
 DOB (m,d,y): \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M F SSN: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ If you were not born in the US, list date of citizenship: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Applicant's Email Address: \_\_\_\_\_

Please answer all of the following questions. If the answer to any of the questions is yes, list and describe details in the comments section below.

	Y	N		Y	N
Have you ever had a pistol permit denied or revoked?			Have you ever been arrested for drugs or alcohol?		
Have you ever had a pistol permit in Mobile County?			Have you ever been arrested?		
Have you ever been diagnosed with a mental defect?			Have you ever been committed to a mental institution?		
Have you ever been arrested for domestic violence?			Are you presently subject to a PFA/ restraining order?		
Do you have any pending cases?					
If you served in the military, what type of discharge did you receive? _____					

**Comments:**

**STATE OF ALABAMA, COUNTY OF MOBILE**

I hereby swear of affirm that all of my responses on this form are true and correct. I Understand that the Sheriff or any of his duly authorized agents acting at the Sheriff's direction may at any time withdraw and revoke this permit. I furthermore acknowledge that I understand that any false statement made by me on this application may subject me to criminal prosecution.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We accept cash, check, and money orders. Please make checks out to SHERIFF'S FUND. Visa, Mastercard and Discover are also accepted with a \$2.50 service charge. You can choose the term of your permit for up to five years. The fee is \$20 for each year of the chosen term. Please select the number of years you wish to purchase below.

- 1 (\$20)
- 2 (\$40)
- 3 (\$60)
- 4 (\$80)
- 5 (\$100)

Approved	Denied	By: _____	Date: _____	Permit Number: _____
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