



# Cumberland County Sheriff's Office



## RENEWAL CONCEALED HANDGUN PERMIT APPLICATION CHECKLIST

910-677-5577 910-677-5576

**APPLICATIONS WILL BE ACCEPTED 8:00 – 2:00, M-F ONLY**

**ALL** applicants must have the following:

- Completed **NOTARIZED** Application for Concealed Handgun Permit (Form DCI CHPA)
- Completed **NOTARIZED** Release of Physical and Mental Health Records (Form AOC-SP-914M)  
**(Applicant will be billed \$12.00 directly by Mental Health for record release)**
- Completed **NOTARIZED** Affidavit
- Completed Do's and Don'ts of Carrying a Concealed Handgun Form (CCSO Form 412)
- Completed **NOTARIZED** Cumberland County Sheriff's Office Handgun Permit Questionnaire (CCSO Form 399)
- Seventy-five dollars (\$75.00) **NON-REFUNDABLE** fee in cash, money order or certified check
- As pertains to question # 1 on the application for CHP, the certificate of completion is on file

**Non-Military** Cumberland County residents must also have the following:

- Copy of their North Carolina Drivers License or North Carolina DMV Special Identification Card with their current residential address

**Military** Personnel stationed at Fort Bragg and Pope Air Force Base must have the following:

- Copy of their North Carolina Drivers License/ID or their state of residence Drivers License or Identification



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 .....  | <input type="checkbox"/> | 8. Date issued Temporary Permit: _____ | <input type="checkbox"/> |
| 2. One full set of fingerprints administered by the Sheriff's Office .....                | <input type="checkbox"/> | 9. Date denied Temporary Permit: _____ | <input type="checkbox"/> |
| 3. Original certificate of completion of approved firearms safety & training course ..... | <input type="checkbox"/> | 10. Date issued Permit: _____          | <input type="checkbox"/> |
| 4. Renewal –Waiver of Application Firearm Safety & Training Course .....                  | <input type="checkbox"/> | Permit Number: _____                   |                          |
| 5. Attachment(s) (specify): _____   | <input type="checkbox"/> | 11. Date denied Permit: _____          | <input type="checkbox"/> |
| 6. Temporary documentation .....  | <input type="checkbox"/> | 12. Date submitted to SBI: _____       | <input type="checkbox"/> |
| 7. Other: _____   | <input type="checkbox"/> | 13. NICS Transaction Number (NTN):     |                          |
|   |                          | _____                                  | <input type="checkbox"/> |

Signature of Sheriff: \_\_\_\_\_

Original – Sheriff / Copy – SBI / Copy – Applicant

## 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.



# CUMBERLAND COUNTY SHERIFF'S OFFICE



## THE DO'S AND DON'TS OF CARRYING A CONCEALED HANDGUN

1. Your permit to carry a concealed handgun **must** be carried along with valid identification whenever the handgun is being carried concealed.
2. When approached or addressed by any officer, you **must** disclose the fact that you have a valid concealed handgun permit and inform the officer that you are in possession of a concealed handgun. You should **not** attempt to draw or display either your weapon or your permit to the officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.
3. At the request of any law enforcement officer, you **must** display both the permit and valid identification.
4. You **may not**, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any substance, controlled or otherwise, is in your blood unless the substance was obtained legally and taken in therapeutically appropriate amounts.
5. You **must** notify the Sheriff who issued the permit of any address change within thirty (30) days of the change of address.
6. If a permit is lost or destroyed, you **must** notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do **not** carry a handgun without it.
7. Even with a permit, you may **not** carry a concealed handgun in the following areas:
  - a) Any law enforcement or correctional facility;
  - b) Any space occupied by state or federal employees;
  - c) Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
  - d) Educational property (except in limited circumstances);
  - e) Areas of assemblies, parades, funerals, or demonstrations;
  - f) Places where alcoholic beverages are sold and consumed other than bars and restaurants;
  - g) State occupied property;
  - h) Any state or federal courthouse;
  - i) Any area prohibited by federal law;
  - j) Any local government building if the local government had adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
8. If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do **not** remove your hands from the wheel until instructed to do so by the officer.

I, \_\_\_\_\_, have read and understand the Do's and Don'ts of Carrying a Concealed Handgun, and the Disqualifying Criminal Offenses pursuant to N.C. General Statute § 14-415.12 (b)(8).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

<b>STATE OF NORTH CAROLINA</b>	<b>RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT</b>	
_____ <b>County</b>		
<i>Name And Address Of Applicant</i>	<i>Date Of Birth</i>	
	<i>Social Security No.</i>	
	<i>State Drivers License No. (State Identification No. If No Drivers License)</i>	<i>State</i>
<p>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.</p> <p>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.</p>		
<b>Name Of Provider</b>	<b>Address Of Provider</b>	
<p>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.</p> <p>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.</p>		
<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>
<i>Title</i>		<b>SEAL</b>
<i>Date Commission Expires</i>		

STATE OF NORTH CAROLINA )  
 )  
COUNTY OF CUMBERLAND )  
 )  
IN THE MATTER OF THE CONCEALED )  
HANDGUN PERMIT RENEWAL OF: )

**AFFIDAVIT**

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(PERMIT NUMBER)

I currently hold a concealed handgun permit with Cumberland County originally issued on \_\_\_\_\_ (Date). Pursuant to NCGS 14-415.16, I am hereby making timely application for the renewal of this permit. I hereby affirm that I remain qualified to possess this permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the North Carolina General Statutes. Specifically, I affirm that:

1. I have 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 or am otherwise exempted from this course.
2. I am eligible to own, possess, or receive a firearm under the provisions of state and federal law.
3. I am not under indictment nor has a finding of probable cause been entered for a pending felony charge.
4. I have not been adjudicated guilty in any court of a felony.
5. I am not a fugitive from justice.
6. I am not 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.
7. I am not currently, and have not previously been adjudicated or administratively determined to be lacking mental capacity or mentally ill.
8. I have not been discharged from the armed forces under conditions other than honorable.

9. I have not been adjudicated guilty of or received a prayer for judgment continued or 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 on attachment (1) to this form.
10. I have not had an entry of a prayer for judgment continued for a criminal offense which would disqualify me from obtaining a concealed handgun permit.
11. I am not free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify me from obtaining a concealed handgun permit.
12. I have not 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 affidavit.
13. I am 21 years of age or older.
14. I am a citizen of the United States.
15. I am a current resident of North Carolina and have lived here 30 days or longer prior to this renewal application.
16. I do not have a physical or mental infirmity that prevents the safe handling of a handgun.
17. I have not violated any of the standards for carrying a concealed handgun with this permit as set forth in Article 54B of Chapter 14 of the North Carolina General Statutes.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

State of North Carolina

County of \_\_\_\_\_

Sworn and subscribed before me, this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_





# CUMBERLAND COUNTY SHERIFF'S OFFICE HANDGUN PERMIT QUESTIONNAIRE



**CAUTION:** FEDERAL LAW AND STATE LAW DIFFER ON THE POSSESSION OF HANDGUNS AND FIREARMS. IF YOU ARE ILLEGALLY IN POSSESSION OF A HANDGUN OR A FIREARM, YOU MAY BE PROSECUTED IN FEDERAL COURT. A STATE PERMIT IS NOT A DEFENSE TO A FEDERAL PROSECUTION.

**INSTRUCTIONS:** Print legibly and complete the entire form, front and back. If you need extra space, add additional pages and identify the information by item number. Completion of this work sheet will assist with the investigation process of your application.

1. Full Name: \_\_\_\_\_  
First Middle Last Social Security Number Optional, however there may be a processing delay if not provided

Maiden Name: \_\_\_\_\_

Nickname or Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Race: American Indian/Alaskan Native  Asian/Pacific Islander  Black  White  Unknown

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks or Tattoos: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number & Street City State Zip

Telephone Numbers: \_\_\_\_\_  
Home Work Cell

Primary Number where you can be reached M-F 8:00 am to 5:00 pm: \_\_\_\_\_

2. Are you a citizen of the United States? Yes  No

3. Are you an alien? Yes  No

If so, when and how did you enter the United States? \_\_\_\_\_

(Please provide us with a copy of your resident alien status documentation.)

4. Have you ever renounced your citizenship? Yes  No

5. Have you been a resident of Cumberland County for thirty (30) days or more from the date of this application? Yes  No

6. Have you previously submitted an application for carrying a concealed handgun with this agency? Yes  No

7. List addressed for past 3 years starting with the present address:

From		To		Address	County	City/State
Month	Year	Month	Year			

8. List your present employment: \_\_\_\_\_

9. Are you, or have you ever been, in the U.S. Military Service or any other military organization? Yes  No

10. Have you ever been discharged from the Armed Forces of the United States under dishonorable conditions? Yes  No

11. Are you or have you been a user of or addicted to marijuana or any depressant, stimulant, or narcotic drug? Yes  No

12. Have you ever been addicted to any illegal drugs or alcohol? Yes  No   
 If yes, what were the circumstances and give details of past or present treating physician and facility?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Have you ever, or do you now, have a mental illness or background involving commitment for or psychological treatment involving a psychological disorder or mental illness? Yes  No

If yes, give details and list past or present treating physician and/or mental facility:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Have you ever had a guardian appointed for you because of your mental condition or have you been committed to any mental institution? Yes  No

15. Have you ever been arrested on a warrant, indictment or bill of information for a felony or have you been convicted in any state, or in any court of the United States of a felony? Yes  No

16. Do you have or have you had any charges for which you have failed to appear in court or for which you have had your bond or conditions of release revoked? Yes  No

17. Have you ever been arrested by a Law Enforcement Officer or otherwise charged with a criminal offense? Yes  No

Date of Offense:	Offense Charged:	Law Enforcement Agency:	Disposition of Charge:

*(Add extra sheets, if necessary)*

18. Have you ever been a party to a domestic violence action? Yes  No

19. Are you now or have you ever been subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner of the person or child of the intimate partner of the person, or engaging in other conduct that would place an intimate partner or child in reasonable fear of bodily injury? Yes  No

If so, provide the following information:

State where order was entered:	County where order was entered:	Court where order was entered:	Name of other party to the case:	Court Case Number:	Date of Entry of the Order:

20. Was your driver's license or any weapons license or permit ever suspended or revoked? Yes  No

If yes, state which and give reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date**

**Signature**

State of North Carolina

County of \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_