Print Form

APPLICATION FOR FIREARMS LICENSE

GWINNETT County, Georgia County Number _____

Applicant's Name: _____
First Middle Last (or as registered with INS)

Date of Birth: _____/_____/_____ INS Alien/Admission No.:_____
Month/Day/Year

Sex: _____ Race: _____ Height: _____ *(inches)* Weight: _____ *(pounds)* 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 (_____) _____

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1. Are you currently a United States Citizen?.....Yes ☐ No ☐
   If you have ever renounced your U.S. citizenship, attach a copy of the reversal of such 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, and
     (b) proof of residency in the State of Georgia for at least 90 days.

2. Are you a non-immigrant or non-resident alien? .....Yes ☐ No ☐
   If yes, attach proof that you fall within an exemption establishing your eligibility.

3. Have you ever been convicted of, pled guilty or *nolo contendere* to, or received first offender treatment for any offense involving the unlawful manufacture, distribution, possession or use of a controlled substance or dangerous drug? .....Yes ☐ No ☐
   If pardoned or rights restored, specify date(s) _____ and attach proof.

4. Have you ever been convicted of, pled guilty or *nolo contendere* to, or received first offender treatment for any crime involving domestic violence, violence towards a family member, child or significant other? ..... Yes ☐ No ☐
   If pardoned or rights restored, specify date(s) _____ and attach proof.

5. Have you ever been convicted of, pled guilty or *nolo contendere* to, or received first offender treatment for any felony offense or any offense punishable by a term of imprisonment/probation over one year, or court-martial charge punishable by imprisonment over one year?..... Yes ☐ No ☐
   If pardoned or rights restored, specify date(s) _____ and attach proof.

6. Have you ever been convicted of, pled guilty or *nolo contendere* to, or received first offender treatment for any offense involving force or violence or a forcible misdemeanor? ..... Yes ☐ No ☐

7. Have you ever been convicted of, or pled guilty or *nolo contendere* to, or received first offender treatment for carrying a concealed weapon, having a deadly weapon at a public gathering, carrying a pistol without a license or any other offense involving a weapon? ..... Yes ☐ No ☐

8. Are you subject to any pending charge or charges in any court including matters under indictment, accusation, on appeal, uncompleted first offender treatment or other court order? ..... Yes ☐ No ☐
If yes, do the pending charges involve or arise out of any felony, any crime that is possibly punishable by imprisonment for over one year, or any misdemeanor involving force or violence, or any offense or conduct involving a weapon or any offense involving a controlled substance or other dangerous drug?.....Yes ☐ No ☐

9. Have you left any state, or any foreign state, to avoid criminal prosecution, to avoid giving testimony in any criminal proceeding, or knowing that charges are pending against you?.....Yes ☐ No ☐

10. Have you been the subject of any proceedings (including arrests, matters on appeal, under indictment or accusation, or cases which were *nolle prossed*) within the past five years for any offense arising out of the unlawful possession or use of a controlled substance or other dangerous drug, or found through a drug test to have used such a substance or drug unlawfully within the past year? .....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 person, individual, spouse, child or former or current intimate partner, parent or their property, residence or other location frequented by such person?... ..... Yes ☐ No ☐

* If yes, attach a copy of the court order and any terminating or final disposition 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, condition 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 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 ☐

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.

_____
APPLICANT'S SIGNATURE

Sworn to and subscribed before me
this _____ day of _____, _____

_____
Clerk of Probate Court