

Full Name \_\_\_\_\_  
*Last First Middle*

Other names You Have Been Known By: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*Street Number Apt Number Street Name*

\_\_\_\_\_

*City State Zip Code*

Mailing Address \_\_\_\_\_

\_\_\_\_\_

*Address City State Zip Code*

Email Address \_\_\_\_\_

\_\_\_\_\_

Phone Numbers \_\_\_\_\_

\_\_\_\_\_

*Home Cell*

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

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employers Phone Number: \_\_\_\_\_

Employers Address \_\_\_\_\_

☐ Yes ☐ No Have you ever had a pistol permit? If so, where and when? \_\_\_\_\_  
☐ Yes ☐ No Have you ever had a pistol permit revoked or denied? If so, where and when? \_\_\_\_\_  
☐ Yes ☐ No Have you ever been arrested for a crime of violence?  
☐ Yes ☐ No Have you ever been taken into custody by a law enforcement agency?  
☐ Yes ☐ No Have you ever been arrested or charged with a crime?  
☐ Yes ☐ No Are you currently under an indictment?  
☐ Yes ☐ No Have you ever been treated for a mental illness?  
☐ Yes ☐ No Have you ever been treated for substance abuse?(drugs/alcohol)  
☐ Yes ☐ No Are you addicted to alcohol, prescription medicine or illegal drugs?  
☐ Yes ☐ No Are you on probation or under a restraining order from ANY court?  
☐ Yes ☐ No Are you awaiting trial as a defendant in any criminal case?  
☐ Yes ☐ No Have you been found guilty but mentally ill in a criminal case?  
☐ Yes ☐ No Have you been found not guilty in a criminal case by reasons of insanity or defect?  
☐ Yes ☐ No Have you been declared incompetent to stand trial in a criminal case?  
☐ Yes ☐ No Have you been asserted a defense in a criminal case of not guilty by reason of mental disorder?  
☐ Yes ☐ No Have you required involuntary outpatient treatment in a psychiatric hospital based on a finding that you are an imminent danger to yourself or to others?  
☐ Yes ☐ No Have you required involuntary commitment to a psychiatric hospital or similar treatment facility for any reasons, including drug abuse?  
☐ Yes ☐ No Have you been the subject of a prosecution or of a commitment or incompetence proceeding that could lead to a prohibition on a receipt or possession of a firearm under the laws of Alabama or the United States?

**If you answered YES to any of the questions above, please use the space below to provide dates and places of arrests or treatment, charges, agency involved and dispositions.**