



SHERIFF OF LEE COUNTY

JAY JONES



E-mail:
lcso@leecountysheriff.org

P.O. BOX 688
OPELIKA, AL 36803-0688

Phone (334) 749-5651
Fax (334) 749-4835

Pistol Permit Application

PLEASE NOTE:

Read the following carefully and provide complete and accurate information. It is a crime to make a false statement or report to law enforcement. (Title 13A-10-109 Alabama Code). A criminal history background check will be conducted on each applicant.

PRINT ALL INFORMATION

Please list the reason you are applying for a permit:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Social Security Number: _____/_____/_____

Age: _____ Date of Birth: _____/_____/_____ Race: _____ Sex: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Drivers License Number: _____ State: _____

Place of Birth: _____ Employer: _____

Occupation: _____ Work Phone Number: _____

Make of Gun: _____ Serial Number: _____ Calibre: _____

Have you ever had a pistol permit? **Y N** If so, Where? _____

** Have you ever had a pistol permit revoked? **Y N** When? _____

- 1) Have you ever been taken into custody by a law enforcement agency? **Y N**
- 2) Have you ever been arrested or charged with a crime? **Y N**
- 3) Have you ever been treated for mental illness? **Y N**
- 4) Have you ever been treated for substance abuse (drugs/alcohol)? **Y N**
- 5) Are you addicted to alcohol, prescription medicine or illegal drugs? **Y N**
- 6) Are you on probation or under a restraining order from **ANY** court? **Y N**
- 7) Are you awaiting trial as a defendant in any criminal case? **Y N**

If you answered YES to any of the questions above, please use the back of this page to provide dates and places of arrest or treatment, charges, agency involved and disposition.

I certify that my answers are true and correct to the best of my knowledge.

Signature _____

Date _____

Submit Application