

**Pistol License Application**  
**Annual Fee \$7.50**  
**OFFICE HOURS - 8:00 A.M. TO 4:30 P.M.**

**PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION.**

This application must be printed or typed, and must be submitted in person. According to State Law, if you have been convicted of a felony, a crime of violence, or any degree of theft, you will not be issued a Pistol License. If you are not a full time resident of JEFFERSON COUNTY, ALABAMA, do not apply. The law prohibits the sheriff of one county from issuing a license to a resident of another county.

**WARNING! IT IS A FELONY, PUNISHABLE BY UP TO FIVE (5) YEARS IN PRISON, TO GIVE FALSE INFORMATION ON THIS APPLICATION.**

**WARNING! NO PERSON MAY CARRY A WEAPON INTO AN AIRPORT, COURTHOUSE, OR CRIMINAL JUSTICE BUILDING.**

To the Honorable Mike Hale, Sheriff of Jefferson County, Alabama: I hereby apply for a license to carry a revolver or pistol concealed on my person or in a vehicle for a period of one year for the following(Reason must explained in detail):

Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
Full Name \_\_\_\_\_ Phone: Bus. \_\_\_\_\_ Res. \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Date of Birth / / \_\_\_\_\_ Age (Must be over 21) \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ Employed by \_\_\_\_\_  
Address of Employment \_\_\_\_\_

Do you work where alcoholic beverages are sold or dispensed? \_\_\_\_\_ How long have you lived in Jefferson County? \_\_\_\_\_

Have you ever been arrested for any crime or offense, including misdemeanors and traffic violations? \_\_\_\_\_

**LIST ALL TRAFFIC VIOLATIONS AND CRIME FOR WHICH YOU WERE CHARGED:** \_\_\_\_\_

I hereby affirm that all of the answers in the foregoing application are true. I further affirm that I have never been known by any other name other than \_\_\_\_\_

(Maiden name of alias)

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date 02/05/2012 \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Last Name

First Name

Middle Name

**Character references must sign, recommending approval of applicant having a pistol license:**

**(Reference Signatures Required, No Long Distance)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Report of Identification Officer:**

If record, list below.

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

If no record, check here \_\_\_\_\_

\_\_\_\_\_  
Signature of Identification Officer

\_\_\_\_\_  
Signature of Approving Officer

Remarks: \_\_\_\_\_

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