

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 01/28/2015 _____

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: _____

