

# Office of the Sheriff

SHERIFF  
William R. Oliver



P. O. BOX 443  
YADKINVILLE, NC 27055-0443

**ALL APPLICANTS MUST COME TO THE SHERIFF'S OFFICE  
MONDAY – FRIDAY BETWEEN 8:00 AM – 4:00 PM**

**BE SURE TO PRINT BOTH SIDES OF APPLICATION**

## INSTRUCTIONS FOR *NEW* CONCEALED CARRY PERMITS

1. Read & Sign acknowledging you understand a Non-Refundable Fee of \$90 will be collected at time of application
2. Complete information in the letter to Clerk of Court
3. Complete State of North Carolina Application, Do Not Sign until you come to office.
4. Complete Release of Information Form for Partner Behavioral Health with full Name, Address, Date of Birth, Driver's License #, Do Not Sign until you come to office. (Ladies: please list every name ever used including Given Middle, Maiden and all previous Married Names).
5. Complete Previous Addresses/Place of Birth Form
6. Read & Sign Do's and Don'ts of Carrying Concealed
7. Read the Disqualifiers for a Concealed Permit. This is your copy to keep.
8. Bring the Completed Application, the Original Certificate from Concealed Carry Class, your Driver's License with Correct Physical Address, and Fee (Cash or Check) to the Sheriff's Office
9. We will retain the Certificate & make a copy of your Driver's License
10. You will be Finger Printed

## INSTRUCTIONS FOR *RENEWAL* OF CONCEALED CARRY PERMIT

1. Read & Sign acknowledging you understand a Non-Refundable Fee of \$75 will be collected at time of application
2. Complete information in the letter to Clerk of Court
3. Complete State of North Carolina Application, Do Not Sign until you come to office.
4. Complete Release of Information Form for Partner Behavioral Health with full Name, Address, Date of Birth, Driver's License #, Do Not Sign until you come to office. (Ladies: please list every name ever used including Given Middle, Maiden and all previous Married Names).
5. Complete Previous Addresses/Place of Birth Form
6. Read & Sign Do's and Don'ts of Carrying Concealed
7. Read the Disqualifiers for a Concealed Permit. This is your copy to keep.
8. Bring the Completed Application, your Current Permit, your Driver's License with Correct Physical Address, and Fee (Cash or Check) to the Sheriff's Office
9. We will make a copy of your Driver's License & Current Permit

Office of the Sheriff

SHERIFF  
William R. Oliver



P. O. BOX 443  
YADKINVILLE, NC 27088-0443

CONCEALED GUN PERMITS

THE FEE FOR A NEW CONCEALED GUN PERMIT IS \$90.00.  
THE FEE FOR A RENEWAL PERMIT IS \$75.00.

PLEASE BE ADVISED THAT THESE FEES ARE NON-REFUNDABLE SHOULD  
YOU BE DISQUALIFIED FOR THE CONCEALED GUN PERMIT.

BY SIGNING THIS PAPER YOU AGREE TO THE ABOVE TERMS AND FEES.

\_\_\_\_\_  
SIGNATURE

# Office of the Sheriff



SHERIFF  
William R. Oliver

P. O. BOX 443  
YADKINVILLE, NC 27055-0443

Dear Clerk of Court:

Please check for any record of mental commitment proceedings on the following individual.  
After completing the bottom of letter please return a copy to me.

Enclosed please find a copy of the Release of Mental and Medical Record Form which is signed  
and notarized by this individual.

**PLEASE PRINT LEGIBLY:**

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
MAIDEN NAME

ADDRESS:

\_\_\_\_\_  
STREET (DO NOT USE POST OFFICE BOX)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

Respectfully,

Yadkin County Sheriff's Officer

I have checked the records in the office of the Clerk of Superior Court on the above individual and  
I (DO / DO NOT) find a record of an involuntary commitment proceeding.

\_\_\_\_\_  
Signature (Deputy/Assistance Clerk of Superior Court)      DATE: \_\_\_\_\_      Stamp

# STATE OF NORTH CAROLINA

## APPLICATION FOR CONCEALED HANDGUN PERMIT

Name of Applicant (Last, First, Middle, Maiden) ▶ Attach listing of all previous addresses and all name changes including location and court file number (if Applicable)

- NEW PERMIT     RENEWAL PERMIT  
 DUPLICATE     EMERGENCY TEMPORARY PERMIT

G. S. 14-418.10 et seq.

Street Address			Date of Birth		Social Security Number ▶ See Notification on page 3	
City	State	Zip Code	Driver's License Number (State ID Number if no driver's license)			State
Mailing Address			Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> N/A		Race ▶ See below for code	Sex
Telephone Number	County of Residence		Eyes	Height	Weight	Other Physical Description

▶ RACE CODES: A-Asian or Pacific Islander, B-Black, I-American Indian or Alaskan Native, U-Unknown, W-White

### APPLICATION

I, the undersigned applicant, being duly sworn, hereby make application for a North Carolina Concealed Handgun Permit and state that the following information is correct to the best of my knowledge.

(Check Appropriate Boxes)

1. Are you a citizen of the United States? (1)  Yes  No  
 \* If No: Have you been lawfully admitted for permanent residence? \*  Yes  No  
 ▶ If Yes, attach documentation
2. Are you 21 years of age or older? (2)  Yes  No
3. Have you been a resident of North Carolina for 30 days or longer immediately preceding the date of this application? (3)  Yes  No
4. Do you suffer from a physical or mental infirmity that prevents the safe handling of a handgun? (4)  Yes  No
5. Have you successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force? ▶ If Yes, attach documentation (5)  Yes  No  
 \* If No: Do you meet any of the exceptions in N.C.G.S. § 14-415.12A? \*  Yes  No  
 ▶ If Yes, attach documentation
6. Are you ineligible to own, possess, or receive a firearm under the provisions of State or federal law? (6)  Yes  No
7. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? (7)  Yes  No
8. Have you been adjudicated guilty in any court of a felony? (8)  Yes\*  No  
 \* If Yes: Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4? \*  Yes  No  
 ▶ If Yes, attach documentation
9. Are you a fugitive from justice? (9)  Yes  No
10. Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (10)  Yes  No
11. Are you currently or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? (11)  Yes  No
12. Have you been discharged from the U.S. Armed Forces under conditions other than honorable? (12)  Yes  No
13. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed on page 3 of this form? ▶ See "List of Disqualifying Criminal Offenses" on page 3 (13)  Yes  No
14. Have you had an entry of prayer for judgment continued for a criminal offense which would disqualify you from obtaining a handgun permit? (14)  Yes  No
15. Are you free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify you from obtaining a concealed handgun permit? (15)  Yes  No
16. Have you been convicted of an impaired driving offense under N.C. G.S. § 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? (16)  Yes  No

I hereby apply for a Temporary Emergency Permit for a nonrenewable period of up to 46 days based upon the information set forth below. I reasonably believe that an emergency situation exists which may constitute a risk of safety to me, my family, or my property.

State Grounds for Temporary Emergency Permit (Use attachment if necessary)

(To be completed for RENEWALS only) -- I currently hold a valid Concealed Handgun Permit issued by the \_\_\_\_\_ County Sheriff's Office. I hereby affirm that I remain qualified to receive and possess this Concealed Handgun Permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the NC General Statutes and the criteria outlined in this application.

<b>SWORN TO AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature of Person Authorized to Administer Oaths	Signature of Applicant
Title	<p align="center"><b>CAUTION</b></p> <p>Federal law and State law on the possession of handguns and firearms may differ. If you are prohibited by federal law from possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.</p>	
Date Commission Expires		
SEAL		

**SHERIFF USE ONLY**

**Check List -- check applicable boxes:**

- |  |   |
|--|---|
| 1. Nonrefundable Permit Fee Paid ..... <input type="checkbox"/>  | 8. Date Issued Temporary Permit _____   |
| 2. One Full Set of Fingerprints Administered by the Sheriff's Office ..... <input type="checkbox"/>                | 9. Date Denied Temporary Permit _____   |
| 3. Original Certificate of Completion of Approved Firearms Safety & Training Course ..... <input type="checkbox"/> | 10. Date Issued Permit _____            |
| 4. Renewal-Waiver of Application Firearm Safety & Training Course ... <input type="checkbox"/>                     | Permit Number _____                     |
| 5. Attachment(s) (Specify) _____ <input type="checkbox"/>  | 11. Date Denied Permit _____            |
| 6. Temporary Documentation ..... <input type="checkbox"/>  | 12. Date Submitted to SBI _____         |
| 7. Other (Specify) _____ <input type="checkbox"/>  | 13. NICS Transaction Number (NTN) _____ |

Signature of Sheriff: \_\_\_\_\_

Original -- Sheriff / Copy -- Applicant

<b>STATE OF NORTH CAROLINA</b>		<b>RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT</b>	
YADKIN County			
Name And Address Of Applicant		Date Of Birth	
		Social Security No.	
		State Drivers License No. (State Identification No. If No Drivers License)	
		State	

I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.

I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this Release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.

Name Of Provider	Address Of Provider
PARTNERS BHM	901 SOUTH NEW HOPE ROAD, GASTONIA, NC 28054
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX

I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.

Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.

<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
Title		
Date Commission Expires		

SEAL

# Office of the Sheriff

SHERIFF  
William R. Oliver



P. O. BOX 443  
YADKINVILLE, NC 27055-0443

## PREVIOUS ADDRESSES / PLACE OF BIRTH

APPLICANT'S NAME:

\_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

PLACE OF BIRTH:

\_\_\_\_\_

(STATE)

(COUNTY)

LIST ALL PREVIOUS COUNTIES / STATES:

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

## DO'S AND DON'TS OF CARRYING A CONCEALED HANDGUN

### § 14-415.11. Permit to carry concealed handgun; scope of permit.

(a) Any person who has a concealed handgun permit may carry a concealed handgun unless otherwise specifically prohibited by law. The person shall carry the permit together with valid identification whenever the person is carrying a concealed handgun, shall disclose to any law enforcement officer that the person holds a valid permit and is carrying a concealed handgun when approached or addressed by the officer, and shall display both the permit and the proper identification upon the request of a law enforcement officer. In addition to the requirements, a military permittee whose permit has expired during the deployment may carry a concealed handgun during the 90 days following the end of deployment and before the permit is renewed provided the permittee also displays proof of deployment to any law enforcement officer.

(b) The sheriff shall issue a permit to carry a concealed handgun to a person who qualifies for a permit under G.S. 14-415.12. The permit shall be valid throughout the State for a period of five years from the date of issuance.

(c) Except as provided in G.S. 14-415.27, a permit does not authorize a person to carry a concealed handgun in any of the following:

- (1) Areas prohibited by G.S. 14-269.4 Weapons on certain State property and in courthouses except as allowed under G.S. 14-269.4(6).
- (2) In an area prohibited by rule adopted under G. S. 120-32.1 State legislative building and grounds.
- (3) In any area prohibited by 18 U.S. C. § 922 or any other federal law.
- (4) In a law enforcement or correctional facility.
- (5) In a building housing only State or Federal Office.
- (6) In an office of the State or Federal Government that is not located in a building exclusively occupied by the State or Federal Government.
- (7) On any private premises where notice that carrying a concealed handgun is prohibited by the posting of a conspicuous notice or statement by the person in legal possession or control of the premises.
- (8) School grounds under G.S. 14-269.2, except permittees can secure their handguns in their vehicle on school grounds. (Note: Private schools reserve the right to prohibit firearms altogether.)

(c1) Any person who has concealed handgun permit may carry a concealed handgun on the grounds or waters of a park within the State Parks System as define in G.S. 113-44.9.

(c2) It shall be unlawful for a person, with or without a permit, to carry a concealed handgun while consuming alcohol or at any time while the person has remaining in the person's body any alcohol or in the person's blood a controlled substance previously consumed, but a person does not violate this condition if a controlled substance in the person's blood was lawfully obtained and taken in therapeutically appropriate amounts or if the person is on the person's own property.

(c3) As provided in G. S. 14-269.4(5), it shall be lawful for a person to carry any firearm openly, or to carry a concealed handgun with a concealed carry permit, at any State-owned rest area, at any State-owned rest stop along the highways, and at any State-owned hunting and fishing reservation.

(d) A person who is issued a permit shall notify the sheriff who issued the permit of any change in the person's permanent address within 30 days after the change of address. If a permit is lost or destroyed, the person to whom the permit was issued shall notify the sheriff who issued the permit of the loss or destruction of the permit. A person may obtain a duplicate permit by submitting to the sheriff a notarized statement that the permit was lost or destroyed and paying the required duplicate permit fee.

(e) Permittees are specifically allowed to carry a concealed handgun in the following areas:

- (1) Premises where alcoholic beverages are sold and consumed unless the premises is posted to prohibit the possession or carrying of firearms. Of course, the permittee may not consume any alcohol while carrying in this area. G.S. 14-269.3
- (2) Premises where a fee is charged for admission unless the premises is posted to prohibit the possession or carrying of firearms. G.S. 14-269.3
- (3) Parades and funerals unless the area is posted to prohibit the possession or carrying of firearms. G.S. 14-277.2

**It is your responsibility to know the laws. You can go to the NC General Assembly website to review the current laws:**  
<http://www.ncga.state.nc.us/gascripts/statutes/Statutes.asp>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## LIST OF DISQUALIFYING CRIMINAL OFFENSES

► **NOTE: Effective July 1, 2015 for all CHP applications – an applicant who has been found guilty of or received a prayer for judgment continued or a suspended sentence for one of the offenses listed in 1-20, AND THREE YEARS HAS PASSED PRIOR TO SUBMITTING THE APPLICATION, can receive a Concealed Handgun Permit.**

1. Simple assault..... N.C.G.S. § 14-33(a)
2. Violation of court orders..... N.C.G.S. § 14-226.1
3. Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition, or alcoholic beverages to inmates of charitable, mental or penal institutions, or local confinement facilities..... N.C.G.S. § 14-266.1
4. Carrying weapons on campus or other educational property..... N.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumed..... N.C.G.S. § 14-269.3
6. Carry weapons on State property and courthouses..... N.C.G.S. § 14-269.4
7. Possession and/or sale of spring-loaded projectile knives..... N.C.G.S. § 14-269.6
8. Impersonation of a law enforcement officer or other public officer..... N.C.G.S. § 14-277
9. Communicating threats..... N.C.G.S. § 14-277.1
10. Carry weapons at parades and other public gatherings..... N.C.G.S. § 14-277.2
11. Exploding dynamite cartridges and/or bombs (except fireworks violations under N.C.G.S. § 14-414)..... N.C.G.S. § 14-289
12. Rioting and inciting a riot..... N.C.G.S. § 14-289.2
13. Fighting or conduct creating the threat of imminent fighting or other violence..... N.C.G.S. § 14-289.4(a)(1)
14. Looting and trespassing during an emergency..... N.C.G.S. § 14-289.6
15. Assault on emergency personnel..... N.C.G.S. § 14-289.9
16. Violations of City state of emergency ordinances..... N.C.G.S. § 14-288.12
17. Violations of County state of emergency ordinances..... N.C.G.S. § 14-288.13
18. Violations of State of emergency ordinances..... N.C.G.S. § 14-288.14
19. Violations of the standards for carrying a concealed weapon..... N.C.G.S. § 14-415.21(b)
20. Misrepresentation on certification of qualified retired law enforcement officers..... N.C.G.S. § 14-415.28(d)

► **NOTE: Offenses listed in 21-32 are permanent disqualifiers for a Concealed Handgun Permit.**

21. Assault inflicting serious injury or using deadly force..... N.C.G.S. § 14-33(c)(1)
22. Assault on a female..... N.C.G.S. § 14-33(c)(2)
23. Assault on a child under the age of 12..... N.C.G.S. § 14-33(c)(3)
24. Assault inflicting serious injury or using a deadly weapon on a person in a personal relationship and in the presence of a minor..... N.C.G.S. § 14-33(d)
25. Stalking..... N.C.G.S. § 14-277.3A
26. Child abuse..... N.C.G.S. § 14-318.2
27. Domestic criminal trespass..... N.C.G.S. § 14-134.3
28. Domestic violence protective order violations..... N.C.G.S. § 50B-4.1
29. Stalking..... Former N.C.G.S. § 14-277.3
30. Any person convicted of a "misdemeanor crime of domestic violence" as defined in federal law at 18 USC 922(g)(8).
31. Any crimes involving assault or a threat to assault a law enforcement officer, probation or parole officer, person employed at a State or local detention facility, firefighter, emergency medical technician, medical responder, or emergency department personnel.
32. Misdemeanor crimes that involve violence (other than the misdemeanors listed in items 1-20).
33. Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-20).

► **SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this Concealed Handgun Permit application is voluntary. The purpose of requesting the social security number is to assist in your identification and to help distinguish you from other persons with similar names. No Concealed Handgun Permit will be denied for failure to disclose a social security number.