



I, the undersigned applicant, swear that the foregoing information is true and correct to the best of my knowledge and belief and is given with the full knowledge that any misstatement contained herein may be sufficient cause for denial or revocation of a permit to carry a concealed weapon. I hereby authorize any person having information concerning me that relates to the information requested by this application and the requirements for a concealed weapon permit, either public record or otherwise, to furnish it to the sheriff to whom this application is made.

Expiration Date of old permit:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

This application must be signed in the presence of the sheriff or his designee.

\*\*\*In the processing of this application, a NICS records check is required. The designation of race is required for this check.

### **Incomplete applications will not be processed.**

For Department Use Only

NICS Transaction Number \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_  
                    Sheriff