Bibb County, Georgia County Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR WEAPONS CARRY LICENSE**

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last (or as registered with INS)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Age if < 21:\_\_\_\_ + attach proof of completed basic training or honorable discharge)

INS Alien/Admission No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_Race: \_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_ Hair Color:\_\_\_\_\_\_\_\_\_ Eye Color: \_\_\_\_\_\_\_\_

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State, Province or District Country

Residence/Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address *if different*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GA Military Base of non-resident who is active military ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(attach copy of active duty orders)

1. Are you currently a United States Citizen? …………………………………………….……… Yes  No

Have you ever renounced your U.S. citizenship? …………………………………………….. Yes  No

If so, attach a copy of the reversal of renunciation.

► If you are not a U.S. Citizen:

* You must show proof of name/address/date of birth/place of birth/INS number/photo ID.
* Identify all countries of citizenship:
* Attach: (a) documentation of your lawful presence in the United States, and

(b) proof of residency in the State of Georgia for at least 90 days.

2. Are you a non-immigrant (temporarily admitted) alien? ………………………………………. Yes  No

If yes, attach proof that you fall within an exemption establishing your eligibility.

3. Have you been convicted of or pled guilty to any offense or court-martial charge involving the

unlawful possession or use of a controlled substance or dangerous drug within the past five

years or served any portion of a probationary sentence for use or possession of a controlled

substance within the past five years?............................................................................................ Yes  No

If yes and the foregoing conviction was for a misdemeanor drug offense, have you also been

convicted within the past five years of a second misdemeanor drug offense involving use or

possession of a controlled substance, unlawful manufacture or distribution of a controlled

substance or dangerous drug, or of unlawful possession or shipping of a firearm, or had a

weapon carry license revoked within the last 3 years?................................................................. Yes  No

If pardoned and firearms rights restored, attach copy of pardon.

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4. Have you ever been convicted of, or pled guilty to, any crime involving domestic

violence, violence towards a family member, child or significant other ? ……………………. Yes  No

If pardoned and firearms rights restored, attach copy of pardon.

5. Have you ever been convicted of or pled guilty to any felony offense or any offense punishable

by a term of imprisonment over one year, including a conviction by a court-martial under the

Uniform Code of Military Justice for an offense which would constitute a felony?................... Yes  No

If pardoned and firearms rights restored, attach copy of pardon.

6. Have you ever been convicted of or pled guilty to any offense arising out of the unlawful

manufacture or distribution of a controlled substance or dangerous drug? …………………… Yes  No

If pardoned and firearms rights restored, attach copy of pardon.

7. Have you ever been convicted of or pled guilty to carrying a weapon without a weapons

carry license, or carrying a weapon or long gun in an unauthorized location?…………..…… Yes  No

If so, have you served any portion of incarceration or probation for such firearms offense

in the past five years or had any other conviction or guilty plea within the past five years?... Yes  No

If you have had no other conviction, attach proof of the date your term of probation,

if any, was completed.

8. Are you subject to any pending charge or charges in any court including matters under indictment,

accusation, on appeal, uncompleted first offender treatment or other court order?............... Yes  No

If yes, do the pending charges involve or arise out of any felony, any crime that is possibly

punishable by imprisonment for over one year, any crime involving domestic violence,

violence towards a family member, child or significant other, any offense involving a

controlled substance or other dangerous drug, or carrying a weapon without a weapons carry

license, or carrying a weapon or long gun in an unauthorized location?............................... Yes  No

9. Have you left any state or any foreign jurisdiction to avoid criminal prosecution, to avoid

testifying in any criminal proceeding, or knowing that charges are pending against you?........Yes  No

10. Have you been the subject of any proceedings (including arrests, matters on appeal, under

indictment or accusation, or cases which were *nolle prossed*) within the past five years for

any offense arising out of the unlawful possession, manufacturing, distribution or use of a

controlled substance or other dangerous drug, or found through a drug test to have used such

a substance or drug unlawfully within the past year?.……………………………………… Yes  No

11. Do you use any controlled substance or illegal drug other than as prescribed by a licensed

physician, or have you done so within the past year, or regularly used any such drug within

the past five years?................................................................................................................. Yes  No

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12. Are you addicted to or have you lost self-control over any controlled substance or drug? … Yes  No

13. Are you, or have you ever been, subject to any court order (including but not limited to

restraining orders, protective orders, peace bonds & good behavior bonds) restraining you from

harassing, stalking, threatening, engaging in communication with, or refraining in any manner

from contact with or coming in proximity to any person, individual, spouse, child or former or

current intimate partner, parent or their property, residence or other location frequented by such

person?........................................................................................................................................Yes  No

If yes, attach a copy of the order and any later order terminating or superceding

the original order.

14. Have you ever been dishonorably discharged from the U.S. Armed Forces, or separated

from the U.S. Armed Forces under a dismissal adjudged by a general court-martial? ………Yes  No

15. Have you ever been found by a civil or criminal court, board, commission or other lawful

authority, as a result of subnormal intelligence, incompetency, mental illness, condition or

disease, to be a danger to yourself or others, to lack the mental capacity to manage your own

affairs, or to be incompetent to stand trial, insane, guilty but mentally ill, or not guilty for

lack of mental responsibility? ………………………………………………………………... Yes  No

16. Have you been hospitalized as an inpatient in any mental hospital or alcohol or drug treatment

center within the past 5 years, or have you ever been ordered to receive inpatient or outpatient

treatment at any treatment facility, mental health center, hospital, sanitarium, clinic or program

for a mental condition, drug abuse, or alcohol abuse, by any court, board, or other authority in

any civil, criminal or administrative proceeding? (If yes, attach a copy of the order) ………Yes  No

17. Have you ever had a weapons carry license revoked by a judge of a probate court within the

last 3 years?…………………………………………………………………………………. Yes  No

**I do swear and affirm under penalty of false swearing or perjury that the foregoing**

**information is true and correct to the best of my knowledge and belief.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT’S SIGNATURE**

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ **For Court Use Only:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the applicant was:

Clerk of Probate Court \_\_\_\_\_ issued a firearms license \_\_\_\_\_denied a firearms license

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

Judge/Clerk, Probate Court

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**PROBATE COURT OF BIBB COUNTY**

**STATE OF GEORGIA**

**NOTICE TO FIREARMS LICENSE APPLICANTS**

**REGARDING FINGERPRINTING**

We at the Probate Court of Bibb County have been duly trained to take the fingerprints of applicants for firearms licenses. Whenever possible, the prints will be scanned electronically, which will considerably expedite the processing of the criminal records searches. However, despite our best efforts, some prints cannot be successfully scanned electronically, in which case the applicant's fingerprints must be inked onto standard fingerprint cards. It is our experience that criminal records searches performed using hard-copy, inked fingerprints take considerably longer than with those done with electronic fingerprints.

Also, despite our best efforts, fingerprints may be rejected by the Georgia Bureau of Investigation (GBI), the Federal Bureau of Investigation (FBI), or the U. S. Bureau of Immigration and Customs Enforcement (ICE). This is beyond our control, and, when fingerprints are rejected, we have no alternative than to require the applicant to be re-fingerprinted. The fingerprint based criminal records checks cannot be completed until an applicant's fingerprints are accepted by each agency.

Pursuant to the amendments to Code Section 16-11-129 enacted by House Bill 89 during the 2008 Session of the Georgia General Assembly, the law enforcement agencies are required to return the complete criminal records reports to us within 30 days after the search requests have been received from us (which we are required to make within 2 days after the application is completed, signed and accepted). We have no control over the GBI, the FBI or ICE, and the Probate Court of Bibb County cannot assure that all reports of criminal history records checks will actually be received back by us within 30 days. Pursuant to the authority expressed by Moore v. Cranford, 285 Ga.App. 666 (2007), this Court will not make a final determination on the eligibility of an applicant until ALL required reports have been actually received by us, even if that requires delaying the determination beyond 30 days. In the event we have not received ALL required reports within 30 days, an Order Suspending Determination of Eligibility will be issued by the Court, and a copy will be served upon the applicant by first-class mail at the applicant's address shown on the application.

A copy of the foregoing Notice is hereby acknowledged by the undersigned applicant at the time of making application.

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

Applicant's Signature

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

Printed Name of Applicant

FL # Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:

(Dep.) CLERK, Probate Court

**CRIMINAL HISTORY RECORD CHECK**

**CONSENT FORM**

**BIBB COUNTY PROBATE COURT**

I hereby authorize the Bibb County Probate Court to receive a background check of the Federal Bureau of Investigation’s National Instant Criminal Background Check System prior to the issuance of a Firearm license or a renewal.

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

Full Name (PRINT) First Middle Last

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

Maiden Name First Middle Last

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Alias Names First Middle Last

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

Address

**\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth Sex Race Place of Birth

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

Signature

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

Date

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**Probate Court Use Only**

(Purpose Code F)

License Number

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

Record Checked By: Date

Results:

Georgia Weapons Carry License

Request for Mailing

Replacement License

I request that the Georgia Weapons Carry License issued to me by the Probate Court of Bibb County be mailed to the mailing address given at time of application.

I acknowledge further that a Stolen, Lost or Damaged Weapons Carry License, must have the required affidavit and/or law enforcement report attached for reissuing of license. The current fee required is $11.00 if picked up or $12.00 if mailed.

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

Applicant’s Signature Date