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