OFFICE OF THE SHERIFF

David Mahoney, Sheriff

TRANSYLVANIACOUNTY

153 PUBLIC SAFETY WAY
BREVARD, N.C. 28712

Phone: 828-884-3168
Fax: 828-884-3401 x 219

lnorris@tcsonc.org

RENEWAL

****STOP AND READ BEFORE YOU FILL OUT APPLICATION***

****Has your address and /or phone number changed? Make us aware of the changes*******

PLEASE PRINT NEATLY, USE YOUR FULL NAME(S) THROUGH OUT THE APPLICATION!! COMPLETE *ALL* PAGES

MAKE SURE YOU BRING YOUR CERTIFICATE FROM YOUR GUN SAFETY CLASS. (for renewals)

$75.00 CASH, EXACT CHANGE PLEASE!!

RENEWAL

RENEWAL

RENEWAL

STATE OF NORTH CAROLINA

COUNTY OF TRANSYLVANIA

AFFIDAVIT

IN THE MATTER OF THE
CONCEALED HANDGUN PERMIT
RENEWAL OF:

_____ _____
(NAME) (PERMIT NUMBER)

I currently hold a concealed handgun permit with _____ county originally Expires _____ (date). Pursuant to NCGS 14-415.16, I am hereby making timely application for the renewal of this permit. I hereby affirm that I remain qualified to possess this permit pursuant to the criteria set forth in Article 54B of Chapter 14 of the North Carolina General Statutes. Specifically, I affirm that:

1. I have 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 or am otherwise exempted from this course. (If this is your first renewal, you do not have to take the firearms safety and training course)

2. I am eligible to own, possess, or receive a firearm under the provisions of state and federal law.

3. I am not under indictment nor has any probable cause been entered for a pending felony charge.

4. I have not been adjudicated guilty in any court of a felony.

5. I am not a fugitive from justice.

6. I am not 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.

7. I am not currently, and have not previously been adjudicated or administratively determined to be lacking mental capacity or mentally ill.

8. I have not bee discharged from the armed forces under conditions other than honorable.

9. I have not been adjudicated guilty of or received a prayer for judgment continued or 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 the reverse side of the application.

10. I have not had an entry of a prayer for judgment continued for a criminal offense which could disqualify me from obtaining a concealed handgun permit.

11. I am not free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify me from obtaining a concealed handgun permit.

12. I have not been convicted of an impaired driving offense under G.S. 20 - 138.1, 20 – 138.2 or 20 – 138.3 within three years prior to the date of this affidavit.

13. I am 21 years of age or older.

14. I am a citizen of the United States.

STATE OF NORTH CAROLINA

RENEWAL

APPLICATION FOR CONCEALED HANDGUN PERMIT

☐ NEW PERMIT ☐ RENEWAL PERMIT

☐ DUPLICATE ☐ EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

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)*			Date of Birth	Social Security Number ▶ *See Notification on page 3*	
Street Address					
City	State	Zip Code	Driver's License Number *(State ID Number if no driver's license)*		State
Mailing Address			Military Status ☐ Active ☐ Reserve ☐ Discharged ☐ Retired ☐ N/A	Race ▶ *See below for code*	Sex / Hair
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? ▶ ***If Yes**, attach documentation.*	*	☐ Yes ☐ No
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? ▶ ***If Yes**, attach documentation.*	*	☐ Yes ☐ No
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? ▶ ***If Yes**, attach documentation.*	*	☐ Yes ☐ No
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 45 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.**

SWORN TO AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature of Person Authorized to Administer Oaths	Signature of Applicant
Title		
Date Commission Expires _____ **SEAL**		**CAUTION** 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.

SHERIFF USE ONLY

Check List — check applicable boxes:

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

Signature of Sheriff: _____

Original – Sheriff / Copy – Applicant

STATE OF NORTH CAROLINA RENEWAL
Transylvania County

RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT

Full Name and Address of Applicant (Please Print) Please use Maiden and all married names Name: Physical Address: State/Zip:	*Date of Birth* *Social Security No.* *State Drivers License No. (State ID 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
Meridian Behavioral Health	PO Box 2187, Sylva, NC 28779
Mountain Counseling Association	110 Williams St., Hendersonville, NC 28792
Broughton Hospital	1000 S. Sterling St., Morganton, NC 28655
Clerk of Court	7 E. Main St., Brevard, NC 28712
Vaya Health	200 Ridgefield Ct Suite 200 Asheville, NC 28806
Pardee Hospital	800 N. Justice St., Hendersonville, NC 28791
Advent Health	100 Hospital Dr. Hendersonville, NC 28792
Old Vineyard Behavioral Health	3637 Old Vineyard Rd Winston Salem, NC 27104

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 reasonable 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.

SWORN AND SUBSCRIBED TO BEFORE ME		DATE
Date	*Signature Of Person Authorized to Administer Oaths*	**Signature Of Applicant**
Title		
Date Commission Expires		

AOC-SP-914M
New 12/95

SEAL

RENEWAL

OFFICE OF THE SHERIFF

David Mahoney, Sheriff

TRANSYLVANIACOUNTY

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ADDITIONAL INFORMATION NEEDED TO COMPLETE THE BACKGROUND CHECK FOR CONCEALED HANDGUN PERMIT PROCESS FOR THE STATE OF NORTH CAROLINA.

FULL NAME: _____

HOW LONG HAVE YOU LIVED IN TRANSYLVANIA COUNTY?: _____

HOW LONG HAVE YOU LIVED IN NORTH CAROLINA?: _____

STATE YOU WERE BORN IN _____

LIST ALL PREVIOUS ADDRESSES IN NORTH CAROLINA

_____

_____

_____

_____

_____

_____

ALIAS NAMES (all previous married/maiden, other legal name changes)

_____

_____

_____

_____

_____

_____

LIST OF DISQUALIFYING CRIMINAL OFFENSES

1. Harassment of and communication with jurors ..... N.C.G.S. § 14-225.2
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. § 14-258.1
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 fireman or emergency medical services personnel ..... N.C.G.S. § 14-276.1
9. Impersonation of a law enforcement officer or other public officer ..... N.C.G.S. § 14-277
10. Communicating threats ..... N.C.G.S. § 14-277.1
11. Carry weapons at parades and other public gatherings ..... N.C.G.S. § 14-277.2
12. Stalking ..... N.C.G.S. § 14-277.3
13. Stalking ..... N.C.G.S. § 14-277.3A
14. Throwing or dropping objects at sporting events ..... N.C.G.S. § 14-281.1
15. Exploding dynamite cartridges and/or bombs ..... N.C.G.S. § 14-283
16. Rioting and inciting a riot ..... N.C.G.S. § 14-288.2
17. Fighting or conduct creating the threat of imminent fighting or other violence ..... N.C.G.S. § 14-288.4(a)(1)
18. Making or using any utterance, gesture, display, or abusive language which is intended and plainly likely to provoke violent retaliation, and thereby create a breach of peace ..... N.C.G.S. § 14-288.4(a)(2)
19. Looting and trespassing during an emergency ..... N.C.G.S. § 14-288.6
20. Assault on emergency personnel ..... N.C.G.S. § 14-288.9
21. Violations of city state of emergency ordinances ..... N.C.G.S. § 14-288.12
22. Violations of county state of emergency ordinances ..... N.C.G.S. § 14-288.13
23. Violations of state of emergency ordinances ..... N.C.G.S. § 14-288.14
24. Child abuse ..... N.C.G.S. § 14-318.2
25. Violations of the standards for carrying a concealed weapon ..... N.C.G.S. § 14-415.21(b)
26. Misrepresentation on certification of qualified retired law enforcement officers ..... N.C.G.S. § 14-415.26(d)
27. Any crime found in Chapter 14, Article 8 of the North Carolina General Statutes.

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.

Concealed Handgun Chart- Prohibited Carry Areas

Prohibited Carry Area	Individuals Authorized Pursuant to GS 14-269(b)	Out-of-State Officer HR 218	Concealed Carry Handgun Permittee GS 14-415.10	Out-of-State Reciprocal Concealed Carry Handgun
Educational Property	YES	YES--If Secured in Vehicle	YES -- If Secured in Vehicle or on the permittee who remains in the locked vehicle,	YES -- If Secured in Vehicle or on the permittee who remains in the locked vehicle.
Posted Private Educational Property	YES	NO	NO	NO
Where Alcoholic Beverages are sold and consumed	YES	YES--Unless Posted	YES -- Unless Posted	YES -- Unless Posted
Certain State Property & Courthouses (This does not address Legislative office properties.)	YES	YES-- If Secured in Vehicle	YES -- If Secured in Vehicle	YES -- If Secured in Vehicle
Parades or Funeral Processions	YES	YES -- Unless Posted	YES -- Unless Posted	YES -- Unless Posted
Picket lines, Private Health Care Facilities	YES	NO	NO	NO
Posted Property	see note below	NO	NO	NO
Law Enforcement or Correctional Facility	YES	NO	NO	NO
Federal Property	NO	NO	NO	NO
While consuming alcohol or while alcohol or controlled substance is in the blood	NO	NO	NO	NO
Assembly where admission is charged	YES	YES--Unless Posted	YES--Unless Posted	YES--Unless Posted
State owned rest area	YES	YES	YES	YES
Posted local government recreational facilities	YES	NO	NO	NO

A "yes" in the block indicates the person in that category can carry in the establishment listed.
A "no" in the block indicates the person in that category cannot carry in the establishment listed.

NOTE: While carrying in this area may not be in violation of our concealed carry statutes, it may constitute a trespass violation in certain circumstances.