	County, Georgia		County Number	
	APPLICATION	N FOR WEAPON	S CARRY LICENSE	
Applicant's Name:	First	Middle	Last (or	as registered with INS)
Maiden Name, Aliase	s & Names Previously	Used:		9
Date of Birth:/_	_/(Age if <21:	+ attach proof o	f completed basic training or	honorable discharge)
INS Alien/Admission	No			
Sex: Race: _	Height:	Weight:	Hair Color:	Eye Color:
Place of Birth:	City	State, Prov	nce or District	Country
Residence/Street Add	ress:			
City, State, Zip: County:				
Mailing Address: (if	different)		9	
Phone Numbers: Hor	me ()		Other ()	
GA Military Base of r	non-resident who is act	tive military	(atta	ach copy of active duty orders)
Are you curren	ntly a United States Ci	tizen?		Yes □ No□
	ry renounced your U.S copy of the reversal of			Yes 🗖 No🗆
➤ If you are no	ot a U.S. Citizen:			
	y all countries of citize	enship:	birth/place of birth/INS	or ICE number/photo ID.
	Immigrant Vis - As to <i>Non-Imm</i>	a with Adit Stamp nigrant Aliens: a	nt Alien car, Permanent o; OR Student Visa, Tourist V sport with Arrival/Depa	isa, Employment
	And			
	(b) Proof of reside	ncy in the State of	f Georgia	
2. Are you a non	Are you a non-immigrant (temporarily admitted) alien? [See above]			

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 incarceration or probation 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 within the past five years been convicted or, or served any portion of incarceration or probation in that time for 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.
4.	Have you ever been convicted of, or pled guilty to, any misdemeanor crime involving the use or attempted use of physical force or threatened use of a deadly weapon towards (a) anyone as to whom at the time of the offense you were a current or former spouse, parent or guardian or similarly situated to a spouse, parent or guardian, (b) a person with whom you had a child in common, or (c) a person you lived with or had lived with as a spouse, parent or guardian or similarly situated to a spouse, parent or guardian, including but not limited to a girlfriend, boyfriend, foster child or ward?
	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?
	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, attached copy of pardon.
7.	Have you ever been convicted of or pled guilty to carrying to a weapon without a weapons carry license, or carrying a weapon or long gun in an unauthorized location?
	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 \square No \square
	Attach proof of the date of your term of incarnation or probation ended, whichever is later (if any).
8.	Are you under current indictment or information (formal charges) for a crime punishable by imprisonment for a term exceeding one year?
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 tested positive for drugs in the past year, admitted to having used drugs with the past year, or been arrested more than once in the last five years with the last arrest having

	distribution or use of a controlled substance or other	er dangerous drug?Yes \(\sigma\) No\(\sigma\)			
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?				
12.	Are you addicted to or have you lost self-control o	ver 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 current or former spouse, any person with whom you have a child in common, or person with whom you live or lived while in a sexual relationship? Yes No				
	If yes, attach a copy of the order and any la Original order.	ter order terminating or superceding the			
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, guilty but mentally ill, not guilty by reason of insanity or not guilty for lack of mental responsibility?				
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 \square No \square				
17.	Have you had a weapons carry license revoked by a judge of a probate court with the past 3 years?				
	I do swear and affirm under penalty of false swist true and correct to the best of my knowledge	earing or perjury that the foregoing information and belief.			
	Sworn to and subscribed before me, this day of, 20	APPLICANT'S SIGNATURE			
	Clerk of Probate Court	For Court Use Only:			
		On the applicant was: issued a firearms license			
		issued a firearms license denied a firearms license			
		Judge/Clerk, Probate Court			