Weapons Carry License Application
Cherokee County

NEW APPLICANT

If you have never had a Georgia Weapons Carry License or your License has been expired more than 30 days, the following MUST BE PROVIDED:

Georgia Driver's License or State-Issued ID (must be valid and must have your **CURRENT** Cherokee County Address)

A completed Weapons Carry License Application

$77.00 in cash ($20.00 denominations or less), money order, or credit card (4% service fee)

RENEWAL

If your Georgia Weapons Carry License has not been revoked and is still current, or has been expired no more than 30 days, the following MUST BE PROVIDED:

Georgia Driver's License or State-Issued ID (must be valid and must have your **CURRENT** Cherokee County Address)

Current Weapons Carry License

A completed Weapons Carry License Application

$30.00 in cash ($20.00 denominations or less), money order, or credit card (4% service fee).

You may purchase a temporary license for $1.00

IF YOU HAVE A P.O. BOX ON YOUR DRIVER'S LICENSE

****If you have a P.O. Box on your Georgia Driver's License or State-Issued ID, you will need to bring proof of domicile in Cherokee County (example: utility statement, voter registration, motor vehicle registration) **NOT ACCEPTED**: Bank statements, credit card statements or anything that has your social security number on it.****

Please refer to the next page if you are a Non-U.S. Citizen, Retired Law Enforcement, and 18-20 year olds.

RETIRED LAW ENFORCEMENT

Retired law enforcement officers may receive a Georgia Weapons Carry License at NO COST provided that, in addition to the other requirements, they can show that they served as law enforcement officers **for 10 of the last 12 years prior to their retirement**.

The term "law enforcement officer" is defined in O.C.G.A. §16-11-129(h) as "any peace officer who is employed by the United States government or by the State of Georgia or any political subdivision thereof and who is required by the terms of his or her employment, whether by election or appointment, to give his or her full time to the preservation of public order or the protection of life and property or the prevention of crime. Such term shall include conservation rangers."

Retired Law Enforcement documentation only waives the fee. All other documents and requirements must be met.

NON-U.S. CITIZENS

In addition to the documents that are required for an application, non-U.S. citizens must provide documentation from U.S. Immigration and Customs Enforcement (ICE) that shows the applicant's residence status in the United States.

18-20 YEAR OLDS

Georgia Law allows for persons who are 18-20 years old to obtain a Georgia Weapons Carry License in very limited circumstances. In order to qualify, the applicant must have completed Basic Training in the Armed Forces of the United States AND be actively serving in the Armed Forces of the United States or have been honorably discharged from service.

The term "Armed Forces" includes: United States Army, United States Navy, United States Marine Corps, United States Coast Guard, United States Air Force, United States National Guard, Georgia Army National Guard, or Georgia Air National Guard.

To apply for this license all of the following documents MUST BE PROVIDED:

- **Documentation which confirms that you have completed Basic Training**
- **Documentation that you are on Active Duty OR that you have been Honorably Discharged**
- **All of the documentation listed under "New Applicant.**"

Cherokee County, Georgia

Application Number _____

APPLICATION FOR WEAPONS CARRY LICENSE

Applicant's Name:_____
First Middle Last (or as registered with INS)

Maiden Name, Aliases & Names Previously Used: _____

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 (_____) _____

Military posting of non-resident who is active military _____(attach copy of active duty orders)

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

   If you are <u>not</u> a U.S. Citizen:

   - Identify all countries of citizenship: _____
   - Attach proof of name/date of birth/place of birth/INS or ICE number/photo ID.
   - Attach proof of residency in the State of Georgia.
   - Attach proof of your lawful presence in the United States, including any of the following that apply:

   Immigrant Alien: Resident Alien card, Permanent Resident Card or Immigrant Visa with ADIT Stamp;

   Non-Immigrant (Temporary) Alien: Student Visa, Tourist Visa, Employment Authorization Card, or valid Passport with Arrival/Departure Record; proof you fall within an exemption pursuant to 18 U.S.C. 922(y)(2)

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

3. Have you ever been convicted of, or pled guilty to, a criminal misdemeanor (or court-martial equivalent) involving the use or possession of a dangerous drug or controlled substance (including marijuana)?
   ……Yes ☐ No ☐

- **If yes** to #3 above**,** have you also experienced one or more of the following within the past 5 years? …….....Yes ☐ No ☐
  - Served any portion of incarceration or probation for that offense;
  - Been convicted of a second misdemeanor drug offense (or court-martial equivalent) involving use or possession of a controlled substance;
  - Been convicted of any offense arising out of the unlawful manufacture or distribution of a controlled substance or dangerous drug;
  - Been convicted of any unlawful possession or shipping of a firearm; or
  - Had your weapons carry license revoked.

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

4. Have you ever been convicted of, or pled guilty to, any criminal misdemeanor involving the use or attempted use of physical force or threatened use of a deadly weapon towards (a) anyone with 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, or were involved with in a romantic relationship; (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, step-child, foster child or ward?.....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 1 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. Are you under current indictment or information (formal charges) for a crime punishable by imprisonment for a term exceeding 1 year or are there currently any felony charges pending against you?.....Yes ☐ No ☐

7. 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.

8. Check "Yes" if you have been convicted of, or plead guilty to, carrying a weapon or long gun in an unauthorized location and, within the last 5 years, served any portion of the sentence received for such offense or received any criminal conviction of any kind.....Yes ☐ No ☐

9. Are you currently a fugitive from justice or 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 within the past year, or been arrested more than once in the last 5 years with the last arrest having been in the past year for any offense arising out of the unlawful possession, manufacturing, distribution, or use of a controlled substance or other dangerous drug?.....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 5 years, or are you addicted to or have lost control over any controlled substance or drug?.....Yes ☐ No ☐

12. Are you currently subject to any court order (including but not limited to restraining orders, protective orders, bond 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.

13. 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 ☐

14. 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?.....Yes ☐ No ☐

15. 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? .Yes ☐ No ☐

If yes, attach a copy of the order.

16. Have you been voluntarily hospitalized as an inpatient in any mental hospital or alcohol or drug treatment center within the past 5 years?.....Yes ☐ No ☐

17. Have you had a weapons carry license revoked by a judge of a probate court within the past 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. I further consent to the probate court where my application is submitted to perform or have performed all background checks required to be conducted according to law, including a fingerprint-based background check, a name-based NICS check, and an Immigration and Customs Enforcement (ICE) query.

_____

APPLICANT'S SIGNATURE

Sworn to and subscribed before me
This _____ day of _____, 20____

_____
Clerk of Probate Court

FOR COURT USE ONLY:

On _____ the applicant was:

_____ issued a Weapons Carry License
_____ denied a Weapons Carry License

_____
Judge/Clerk, Probate Court

APPLICANT PRIVACY RIGHTS
NOTIFICATION SIGNATURE FORM
(Applicant Notification and Record Challenge)

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 – 16.33 or go to the FBI website at http://fbi.gov/about-us/cjis/background-checks.

By signing this document below, I hereby state that I have reviewed a copy of the Noncriminal Justice Applicant's Privacy Rights form.

Signature	Print Name	Date

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Probate Court/Servicing Agency
Fingerprint and Name-Based CHRI Consent Form

Probate Court:	**Cherokee County**
Probate Court ORI:	**GA028053J**

Pursuant to O.C.G.A. §16-11-129(d), on both new and renewal applications for a Georgia Weapons Carry License, probate courts are required to obtain a name-based check of the National Instant Criminal Background Check System. On new applications for a Georgia Weapons Carry License, probate courts are also required to obtain a fingerprint-based criminal history.

On both new and renewal applications for Georgia Weapons Carry Licenses where the applicant is not a US citizen, the probate court is also required to conduct a search of the Immigration Alien Query (IAQ) database.

Based on my submission of a Weapons Carry License application, I hereby authorize the probate court indicated above or their servicing agency, to conduct a fingerprint-based check, name-based NICS check, and a IAQ check, as would be applicable in my circumstances, and I further authorize the probate court to receive any applicable state and/or national criminal history and immigration information, as well as any other pertinent information derived from those checks as would be authorized by law.

Full name (print)		
Other names used		
Current Address		
Sex	Race	Date of Birth

_____ _____

Signature Date