



**HARNETT COUNTY SHERIFF'S OFFICE  
INVESTIGATIVE WORKSHEET**

**NEW APPLICANT ONLY**

**CAUTION: FEDERAL LAW AND STATE LAW DIFFER ON THE POSSESSION OF FIREARMS. IF YOU ARE ILLEGALLY IN POSSESSION OF A FIREARM, YOU MAY BE PROSECUTED IN FEDERAL COURT. A STATE PERMIT IS NOT A DEFENSE TO A FEDERAL PROSECUTION.**

**INSTRUCTIONS: Print legibly and complete the entire form, front and back. If you need extra space, add additional pages and identify the information by item number. Completion of this work sheet will assist with the investigation process of your application.**

1. Full Name: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Social Security # Optional  
However there may be a processing delay

Maiden Name: \_\_\_\_\_

Nickname or Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Race: check one:  American\*Indian  Alaskan Native  Asian  Pacific Islander  Black  White  Unknown

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

Distinguishing Marks or Tattoos: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Home Work Cell

Main Number where you can be reached M-F 8:00am to 5:00pm: \_\_\_\_\_

2. Are you a citizen of the United States? Yes  No

3. Have you been a resident of Harnett County for thirty(30) days or more from the date of this application? Yes  No

4. Have you previously submitted an application for carrying a concealed handgun or gun permit with this agency? Yes  No

5. List addresses for past 3 years starting with the present address:

From: \_\_\_\_\_ To: Month/Year \_\_\_\_\_ Address \_\_\_\_\_ County \_\_\_\_\_ City/State \_\_\_\_\_  
Month/Year

**FILL OUT BACK OF FORM**



6. List your present employment: \_\_\_\_\_

7. Are you, or have you ever been, in the U.S. Military Service or any other military organization? Yes  No

8. Have you ever used, or been addicted to, any illegal drugs or alcohol? Yes  No

If yes, what were the circumstances and give details of past or present treating physician and facility:

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

9. Have you ever, or do you now, have a mental illness or nervous background? Yes  No

If yes, give details and list past or present treating physician and/or mental facility:

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

10. Have you ever been arrested by a Law Enforcement Officer or otherwise charged with a criminal offense? Yes  No

Offense Charged: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Offense Charged: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Offense Charged: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

**(ADD EXTRA SHEETS, IF NECESSARY)**

11. Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding sixty (60) days?

A formal accusation of a crime made by a prosecuting attorney, as distinguished from an indictment presented by a grand jury?

Yes  No

12. Was your license ever suspended or revoked? Yes  No

If yes, state which and give reasons:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature