



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

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 8:00 am to 5:00 pm: _____

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

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