Instructions for Weapon Carry Application

1-Print and complete the attached Application and Privacy Statement
2-Sign documents in front of a notary
3-Include a copy of your GA Driver’s License (with current Whitfield County address)
4-Include a copy of your expired Weapon Carry License (if you have one)
5-Include a Money Order payable to Whitfield County Probate Court
   a. $79 for new permits
   b. $30 for renewals

Mail to:

Whitfield County Probate Court
205 N. Selvidge St., Ste G
Dalton, GA 30720

Note:

***Please make sure you review the WCP for application requirements before submitting your application. NO REFUNDS for denied or incomplete applications.

***Probate Court will contact you to schedule an appointment for your fingerprints and/or picture for your permit starting after May 13, 2020. An appointment will be required.

***A mask will be required during fingerprinting for background check.
APPLICATION FOR WEAPONS CARRY LICENSE

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

Maiden Name, Aliases and 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: ________________________________ GA County: Whitfield

Mailing Address if different: ____________________________________________

Phone Numbers: Home: ____________________________ Other: ____________

GA Military Base of non-resident who is active military ____________________________ (attach copy of active duty orders)

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

Have you ever renounced your U.S. citizenship? ____________________________ Yes □ No □

If so, attach a copy of the reversal of renunciation.

> If you are not a U.S. Citizen:

- You must show proof of name/address/date of birth/place of birth/INS or ICE number/photo ID.
- Identify all countries of citizenship: ____________________________
- Attach: (a) Documentation of your lawful presence in the United States, for example:
  - As to IMMIGRANT ALIENS: Resident Alien card, Permanent Resident Card or Immigrant Visa with Adit Stamp; OR
  - As to NON-IMMIGRANT ALIENS: a Student Visa, Tourist Visa, Employment Authorization Card, or valid Passport with Arrival/Departure Record;
  and
(b) Proof of residency in the State of Georgia.

2. Are you a non-immigrant (temporarily admitted) alien? [See Above] ____________________________ Yes □ No □

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 of, 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 in 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, 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 one 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. 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.

7. Have you ever been convicted of or pled guilty to carrying a weapon without a weapons carry license, or carrying a weapon or long gun in an unauthorized location? .................................................................

   Yes ☐  No ☐

   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 ☐  No ☐

   Attach proof of the date your term of incarceration 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? .................................................................

   Yes ☐  No ☐

9. Have you left any state, or any foreign jurisdiction, to avoid criminal prosecution, to avoid testifying in a 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 five 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 five years? Yes □ No □

12. Are you addicted to or have you lost self-control over 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 restraining 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 later order terminating or superseding the original order.

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? Yes □ No □

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 □ No □

17. Have you ever 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.

   ____________________________

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

   ____________________________

   Notary

   ____________________________

   FOR COURT USE ONLY:

   On _______________________, the applicant was:

   ___ issued a weapons carry license ___ denied a weapons carry license

   ____________________________

   Judge/Clerk, Probate Court

DPS 445 (5/16)
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.


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

Sworn to and subscribed before me
this _____ day of ____________, 20__.

________________________________________
Notary
NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification\(^1\) that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.\(^2\)
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a 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 officials deny you the employment, license, or other benefit based on information in the criminal history record.\(^3\)

You have the right to expect that officials 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 federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.\(^4\)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at [https://www.fbi.gov/services/cjis/identity-history-summary-checks](https://www.fbi.gov/services/cjis/identity-history-summary-checks).

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

\(^1\) Written notification includes electronic notification, but excludes oral notification.
\(^2\) [https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement](https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement)
\(^3\) See 28 CFR 50.12(b).
\(^4\) See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article 1V(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).