

STATE OF WEST VIRGINIA APPLICATION FOR CONCEALED PISTOL/REVOLVER LICENSE

(This application must be completed in ink or by typewriter)

To the Sheriff of _____ County, I, the below named applicant, swear/affirm, under penalty of law, that the information contained within this application is true and correct to the best of my knowledge.

DATE OF SUBMISSION: ____/____/____ APPLICATION TYPE Initial Renewal Honorably Discharged Law Enforcement Officer

A. APPLICANT'S NAME: _____
Last First Middle

B. ADDRESS: _____
Street City State Zip Code

C. D.O.B. ____/____/____ S.S.# _____ - _____ - _____ HT: ____ Ft. ____ in. WT: _____ RACE: _____ SEX: M F EYES: _____ HAIR: _____

D. SCARS, MARKS, AND/OR TATTOOS (Description and location): _____

E. I am a bona fide resident of _____ County, West Virginia and present the following original, valid West Virginia issued photo identification in support of this assertion (Photocopy of photo I.D. must be attached to application):

WV Driver's License # _____ WV Non-Driver's I.D.# _____ Other (Describe) _____

F. Answer each of the following questions by checking either YES or NO:

	YES	NO
1. Are you under 21 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been convicted of an act of violence involving a deadly weapon or an act of Domestic Violence?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you under indictment or do you have any criminal charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision due to a charge of domestic violence as provided for in 61-2-28 of the Code of West Virginia?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you the subject of a restraining order as a result of a domestic violence act as defined in 61-2-28 of the Code of West Virginia or subject to a verified petition of domestic violence or subject to a protective order as provided for in 48-2a of the Code of West Virginia?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been adjudicated to be mentally incompetent?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you physically and mentally competent to carry a pistol/revolver?	<input type="checkbox"/>	<input type="checkbox"/>
10. If you are applying for a license to carry a concealed handgun, have you qualified under the minimum requirements for the handling and firing of a handgun as set forth in 61-7-4 of the Code of West Virginia? If YES, attach a copy of the certificate of completion to this application. The Sheriff will determine applicability of this section to Retired Law Enforcement Officers and Renewal Applicants.	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If any or all of questions 1-8 listed above are answered YES, then a brief letter of explanation by the applicant must accompany this form.

G. I hereby authorize the Sheriff of _____ County, to conduct an investigation into information contained in this application.

H. Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is a misdemeanor punishable under the provisions of 61-5-2 of the Code of West Virginia, as amended.

Signature of Applicant X _____ Date ____/____/____

Subscribed and sworn before me, in said County and State, this
the _____ day of _____,

Notary Public

NOTARY PUBLIC USE ONLY

DATE APPLICATION RECEIVED: ____/____/____

RECEIVED BY: _____

SHERIFF'S DEPARTMENT USE ONLY

THIS BLOCK TO BE COMPLETED ONLY UPON APPROVAL OF APPLICATION BY SHERIFF

III Check YES NO

West Virginia Criminal Record Check YES NO

State Identification Number (SID) _____

I, _____, Sheriff
of _____ County, West Virginia
certify this document to be a true and accurate copy of the APPROVED APPLICATION for a Concealed Pistol/Revolver Permit for the person identified herein and have issued a permit as required by law.

Signature

_____/_____/_____
Approval Date

_____/_____/_____
Expiration Date