

# Firearm Application

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COMPLETED BY EVIDENCE MGMT STAFF.



\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
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Federal law along with the policy of the Winston-Salem Police Department requires that a thorough background check be performed before a firearm can be transferred to a prospective owner. You may not receive a firearm if prohibited by Federal or State law. The information you provide will be used to determine whether you are prohibited from receiving a firearm. Please answer each question in its entirety. You may be required to provide additional supporting documentation now or in the future to aid in determining your eligibility.

LAST NAME (INCLUDING SUFFIX (JR, SR, II, III))		FIRST NAME		MIDDLE NAME		
<b>Please provide your current State of Residence and Address. (Cannot be a post office box)</b>						
NUMBER AND STREET ADDRESS			CITY AND STATE		POSTAL CODE	
PLACE OF BIRTH U.S. CITY AND STATE <b>-OR-</b>	FOREIGN COUNTRY	DATE OF BIRTH		SEX		
SOCIAL SECURITY NUMBER <i>(OPTIONAL BUT MAY AID IN IDENTIFICATION)</i>						
ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		RACE	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	
TYPE OF IDENTIFICATION		IDENTIFICATION NUMBER				
<b>Answer the following questions by marking "yes" or "no" in the boxes to the right of the questions.</b>					<b>YES</b>	<b>NO</b>
HAVE YOU BEEN CONVICTED OF A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR (OR A MISDEMEANOR CRIME PUNISHABLE BY IMPRISONMENT EXCEEDING TWO YEARS)?						
ARE YOU A FUGITIVE FROM JUSTICE?						
ARE YOU AN UNLAWFUL USER OF OR ADDICTED TO ANY CONTROLLED SUBSTANCE?						
HAVE YOU BEEN ADJUDICATED AS A MENTAL DEFECTIVE OR COMMITTED TO A MENTAL INSTITUTION?						
HAVE YOU BEEN DISCHARGED FROM THE ARMED FORCES UNDER DISHONORABLE CONDITIONS?						
ARE YOU SUBJECT TO A QUALIFYING COURT ORDERED PROTECTION/RESTRAINING ORDER?						
HAVE YOU BEEN CONVICTED IN <b>ANY</b> COURT OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE?						
ARE YOU UNDER INDICTMENT/INFORMATION FOR A CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR?						
ARE YOU CURRENTLY ON SUPERVISED OR UNSUPERVISED PROBATION?						
COUNTRY OF CITIZENSHIP						

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	YES	NO
HAVE YOU EVER RENOUNCED YOUR UNITED STATES CITIZENSHIP?		
ARE YOU AN ALIEN ILLEGALLY OR UNLAWFULLY IN THE UNITED STATES?		
ARE YOU AN ALIEN WHO HAS BEEN ADMITTED TO THE UNITED STATES UNDER A NONIMMIGRANT VISA?		
IF YOU ARE AN ALIEN, PLEASE RECORD YOUR U.S. ISSUED ALIEN OR ADMISSION NUMBER (AR#, USICS#, OR I94#)		

TYPE OF FIREARM <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Handgun	SERIAL NUMBER
Make: _____	Model: _____

	YES	NO
WAS THIS FIREARM IN YOUR POSSESSION IMMEDIATELY BEFORE THE WINSTON-SALEM POLICE DEPARTMENT ACQUIRED IT?		
DO YOU POSSESS A VALID HANDGUN PURCHASE PERMIT OR NORTH CAROLINA CONCEALED CARRY PERMIT ISSUED BY THE SHERIFF OF YOUR COUNTY OF RESIDENCE?		
DO YOU POSSESS A BILL OF SALE FOR THE FIREARM?		

IF YOU ANSWERED "NO" TO THE ABOVE QUESTION, PLEASE EXPLAIN HOW YOU BECAME THE OWNER OF THE FIREARM.

PLEASE LIST YOUR PREVIOUS STATES OF RESIDENCE OVER YOUR LIFETIME.


PLEASE PROVIDE A PHONE NUMBER SO THAT WE MAY CONTACT YOU IF NEEDED.

<b>THIS SECTION IS TO BE COMPLETED BY EVIDENCE MANAGEMENT PERSONNEL</b>		
QDOF CHECK STARTED	QDOF CHECK ENDED	TRANSFER STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
1 <sup>ST</sup> REVIEWER		2 <sup>ND</sup> REVIEWER (OPTIONAL)