



NEW HANOVER COUNTY SHERIFF'S OFFICE  
EDWARD J. MCMAHON, SHERIFF  
300 PRINCESS ST. ROOM 207  
WILMINGTON, NC 28401  
TELEPHONE: 910-798-4501  
FAX: 910-342-2564

**Concealed Handgun Permit Information and Issuance Criteria**  
**Application for the Concealed Carry Permit is accepted MONDAY THRU FRIDAY**  
**From 8:30am to 3:30pm.**

THE APPLICATION FEE IS \*\*\* CASH ONLY \*\*\*

- The application fee for **NEW APPLICANT** is \$80.00 dollars and \$10.00 for fingerprinting process. A total of \$90.00 which is non-refundable. **Any expenses relating to the search, production, copying, and certification of a medical record shall be the applicant's responsibility. A billing statement from a records provider through the mental health facilities will be mailed to your residence for payment. This charge is NOT included in the application fee. Pay directly to the provider on your statement form.**
- After completing the concealed handgun Permit Application, please bring the application to **300 Princess St., Room 207** (The Historical New Hanover County Courthouse).
- Your fingerprints will be taken the same day you turn in your application.
- Applicant must be a citizen of the United States.
- Applicant must have been a resident of the State of North Carolina for 30 days or longer prior to submitting the application for the permit.
- Applicant must be a resident of New Hanover County.
- Applicant must have a valid North Carolina License or North Carolina Identification Card. Please make sure your NC license or ID has your current address on it.
- Applicant must be 21 years of age or older.
- Applicant must not suffer from physical or mental infirmity that prevents the safe handling of a handgun.
- Applicant must complete an approved "Firearms Safety Course" which meets standards set forth by the Criminal Justice Commission. **The original certificate you receive from the class must be submitted along with your application forms.**

**SOCIAL SECURITY NUMBER:**

The disclosure of your social security number as part of this application process is voluntary. The purpose of requesting the SSN is to assist us in your identification and to help distinguish you from other persons with similar names. **The application will not be denied for failing to disclose your social security number.**

**THE PROCESS OF COMPLETING THE CONCEALED HANDGUN PERMIT STARTS 45 DAYS UPON**  
**RECEIPTS OF ALL RECORDS FROM MENTAL HEALTH FACILITIES.**

## **DIRECTION'S ON HOW TO FILL OUT THE CONCEALED HANDGUN PERMIT APPLICATION PACKET:**

### **The Concealed Handgun Permit Application Packet consists of:**

- A. **Page 1**-Application for Concealed Handgun Permit. Complete the top part of the application and answer questions 1 thru 16 yes or no.
- B. **Page 2**- This page will need to be notarized (sign and date with the notary).
- C. **Page 3**- Please read the list of Disqualifying Criminal Offenses.
- D. **Page 4**- State of NC Mental Health Release Form. **First** complete the top part of the application. **Next** please provide the name and address of any other medical provider you may have. Blanks are provided for this information. The **final** step for this form is to have the bottom part notarized (sign and date with the notary).
- E. **Pages 5, 6 and 7**- New Hanover Regional Medical Center page 5, Wilmington Treatment Center page 6 and Coastal Care page 7. Due to the complicated nature of these forms please only fill out the highlighted areas. These forms have to be completed whether or not you have ever been patient.
- F. **Page 8** –Information sheet for CHP Applicant. Fill out the entire page.
- G. **Page 9** – Information sheet referencing all names you have had and all addresses you have lived at since the age 18. Please complete this form.

### **MILITARY SERVICE MEMBERS:**

Prior military service personnel are required to submit ALL DD-214 for each period served in the Arm Forces along with their application forms.

#### **\*\*\* NOTE \*\*\***

A person whose separation from the U.S. Armed Forces with a discharged indicating “under conditions other than honorable” is ineligible to possess or receive a firearm under Federal or State law NCGS§ 14-415.12(a) (15).

#### **\*\*\* ACTIVE MILITARY \*\*\***

- You must be a resident of New Hanover in order to qualify for the Concealed Handgun Permit.
- You must provide an active military ID card and driver's license. If your identification does not have a New Hanover County address, you can submit a copy of your utility statement which establishes your residency in New Hanover County. You can also provide us with a copy of your lease agreement.

# STATE OF NORTH CAROLINA

## APPLICATION FOR CONCEALED HANDGUN PERMIT

Name of Applicant (Last, First, Middle, Maiden) ▶ Attach listing of all previous addresses and all name changes including location and court file number (If Applicable)

- NEW PERMIT                       RENEWAL PERMIT  
 DUPLICATE                       EMERGENCY TEMPORARY PERMIT

G. S. 14-415.10 et seq.

Street Address                      Date of Birth                      Social Security Number (See Notification on page 3)

City                      State                      Zip Code                      Driver's License Number (State ID Number if no driver's license)                      State

Mailing Address                      Military Status                      Race                      Sex                      Hair

Active                       Reserve  
 Discharged                       Retired                       N/A

Telephone Number                      County of Residence                      Eyes                      Height                      Weight                      Other Physical Description

### APPLICATION

**I, the undersigned applicant, being duly sworn, hereby make application for a North Carolina Concealed Handgun Permit and state that the following information is correct to the best of my knowledge.**

(Check Appropriate Boxes)

1. Are you a citizen of the United States? (1)  Yes  No
2. Are you 21 years of age or older? (2)  Yes  No
3. Have you been a resident of North Carolina for 30 days or longer immediately preceding the date of this application? (3)  Yes  No
4. Do you suffer from a physical or mental infirmity that prevents the safe handling of a handgun? (4)  Yes  No
5. Have you successfully completed an approved firearms safety and training course which involved the actual firing of handguns and instruction in the laws of North Carolina governing the carrying of a concealed handgun and the use of deadly force? ▶ If Yes, attach documentation (5)  Yes  No\*
- \* If No: Do you meet the retired law enforcement officer exception in N.C.G.S. § 14-415.12(A)? \*  Yes  No  
▶ If Yes, attach documentation
6. Are you ineligible to own, possess, or receive a firearm under the provisions of state or federal law? (6)  Yes  No
7. Are you under indictment or has a finding of probable cause been entered against you for a pending felony charge? (7)  Yes  No
8. Have you been adjudicated guilty in any court of a felony? (8)  Yes\*  No  
\* If Yes: Have your firearm rights been restored pursuant to N.C.G.S. § 14-415.4? \*  Yes  No  
▶ If Yes, attach documentation
9. Are you a fugitive from justice? (9)  Yes  No
10. Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug, or any other controlled substance as defined in 21 U.S.C. § 802? (10)  Yes  No
11. Are you currently or have you been previously adjudicated or administratively determined to be lacking mental capacity or mentally ill? (11)  Yes  No
12. Have you been discharged from the U.S. Armed Forces under conditions other than honorable? (12)  Yes  No
13. Have you been adjudicated guilty of, or received a prayer for judgment continued for, or received a suspended sentence for, one or more crimes of violence constituting a misdemeanor, including but not limited to, a violation of the disqualifying criminal offenses listed page 3 of this form? ▶ See "List of Disqualifying Criminal Offenses" on page 3 (13)  Yes  No
14. Have you had an entry of prayer for judgment continued for a criminal offense which would disqualify you from obtaining a handgun permit? (14)  Yes  No
15. Are you free on bond or personal recognizance pending trial, appeal, or sentencing for a crime which would disqualify you from obtaining a concealed handgun permit? (15)  Yes  No
16. Have you been convicted of an impaired driving offense under G.S. 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? (16)  Yes  No

I hereby apply for temporary emergency permit for a nonrenewable period of up to 45 days based upon the information set forth below. I reasonably believe that an emergency situation exists which may constitute a risk of safety to me, my family, or my property.

State Grounds for Temporary Emergency Permit (Use attachment if necessary)

**SWORN TO AND SUBSCRIBED TO BEFORE ME**

Date

Date

Signature of Person Authorized to Administer Oaths

Signature of Applicant

Title

Date Commission Expires

**SEAL**

**CAUTION**

Federal law and State law on the possession of handguns and firearms may differ. If you are prohibited by federal law from possessing a handgun or a firearm, you may be prosecuted in federal court. A State permit is not a defense to a federal prosecution.

**SHERIFF USE ONLY**

Check List — check applicable boxes

- |   |  |
|---|--|
| 1. Nonrefundable permit fee paid ..... <input type="checkbox"/>   | 8. Date issued Temporary Permit: _____ <input type="checkbox"/>      |
| 2. One full set of fingerprints administered by the Sheriff's Office ..... <input type="checkbox"/>                   | 9. Date denied Temporary Permit: _____ <input type="checkbox"/>      |
| 3. Original certificate of completion<br>of approved firearms safety & training course ..... <input type="checkbox"/> | 10. Date issued Permit: _____ <input type="checkbox"/>               |
| 4. Renewal –Waiver of Application Firearm Safety & Training Course ..... <input type="checkbox"/>                     | Permit Number: _____   |
| 5. Attachment(s) (specify): _____ <input type="checkbox"/>  | 11. Date denied Permit: _____ <input type="checkbox"/>               |
| 6. Temporary documentation ..... <input type="checkbox"/>   | 12. Date submitted to SBI: _____ <input type="checkbox"/>            |
| 7. Other: _____ <input type="checkbox"/>  | 13. NICS Transaction Number (NTN):<br>_____ <input type="checkbox"/> |

Signature of Sheriff: \_\_\_\_\_

Original – Sheriff / Copy – SBI / Copy – Applicant

## LIST OF DISQUALIFYING CRIMINAL OFFENSES

1. Harassment of and communication with jurors .....N.C.G.S. § 14-225.2
2. Violation of court orders .....N.C.G.S. § 14-226.1
3. Furnishing poison, controlled substances, deadly weapons, cartridges, ammunition, or alcoholic beverages to inmates of charitable, mental or penal institutions, or local confinement facilities.....N.C.G.S. § 14-258.1
4. Carrying weapons on campus or other educational property .....N.C.G.S. § 14-269.2
5. Carrying weapons into assemblies and establishments where alcoholic beverages are sold and/or consumed .....N.C.G.S. § 14-269.3
6. Carry weapons on state property and courthouses .....N.C.G.S. § 14-269.4
7. Possession and/or sale of spring-loaded projectile knives .....N.C.G.S. § 14-269.6
8. Impersonation of a fireman or emergency medical services personnel .....N.C.G.S. § 14-276.1
9. Impersonation of a law enforcement officer or other public officer.....N.C.G.S. § 14-277
10. Communicating threats.....N.C.G.S. § 14-277.1
11. Carry weapons at parades and other public gatherings .....N.C.G.S. § 14-277.2
12. Stalking .....N.C.G.S. § 14-277.3
13. Stalking .....N.C.G.S. § 14-277.3A
14. Throwing or dropping objects at sporting events .....N.C.G.S. § 14-281.1
15. Exploding dynamite cartridges and/or bombs .....N.C.G.S. § 14-283
16. Rioting and inciting a riot .....N.C.G.S. § 14-288.2
17. Fighting or conduct creating the threat of imminent fighting or other violence .....N.C.G.S. § 14-288.4(a)(1)
18. Making or using any utterance, gesture, display, or abusive language which is intended and plainly likely to provoke violent retaliation, and thereby create a breach of peace.....N.C.G.S. § 14-288.4(a)(2)
19. Looting and trespassing during an emergency.....N.C.G.S. § 14-288.6
20. Assault on emergency personnel .....N.C.G.S. § 14-288.9
21. Violations of city state of emergency ordinances.....N.C.G.S. § 14-288.12
22. Violations of county state of emergency ordinances .....N.C.G.S. § 14-288.13
23. Violations of state of emergency ordinances .....N.C.G.S. § 14-288.14
24. Child abuse.....N.C.G.S. § 14-318.2
25. Violations of the standards for carrying a concealed weapon .....N.C.G.S. § 14-415.21(b)
26. Misrepresentation on certification of qualified retired law enforcement officers .....N.C.G.S. § 14-415.26(d)
27. Any crime found in Chapter 14, Article 8 of the North Carolina General Statutes.

**SOCIAL SECURITY NUMBER:** The disclosure of your social security number as a part of this concealed handgun permit application is voluntary. The purpose of requesting the social security number is to assist in your identification and to help distinguish you from other persons with similar names. No concealed handgun permit will be denied for failure to disclose a social security number.

<b>STATE OF NORTH CAROLINA</b>  _____ County	<b>RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT</b>	
<i>Name And Address Of Applicant</i>	<i>Date Of Birth</i>	<i>Social Security No.</i>
	<i>State Drivers License No. (State Identification No. If No Drivers License)</i>	<i>State</i>
<p>I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.</p> <p>I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this Release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.</p>		
<b>Name Of Provider</b>	<b>Address Of Provider</b>	
<p>I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.</p> <p>Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.</p>		
<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>	<i>Date</i>	
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>
<i>Title</i>	<b>SEAL</b>	
<i>Date Commission Expires</i>		
AOC-SP-914M, New 12/95 ©1997 Administrative Office of the Courts		



New Hanover County Sheriff's Office  
 Edward J. McMahon, Sheriff  
 300 Princess Street, Room 207  
 Wilmington, NC 28457  
 Phone: 910-798-4200  
 Fax: 910-342-2564

New Hanover Regional Medical Center  
 Medical Records Release Form  
 Post Office Box 9000, 2131 South 17<sup>th</sup> Street  
 Wilmington, NC 28402-9000  
 Telephone: (910) 343-7090

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

**Must be completed for all authorizations:**

**PATIENT IDENTIFICATION**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Maiden/Former:</b>	<b>Last:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Account Number:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>	<b>Phone Number:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Medical Record#</b>			
<input type="text"/>			

**SPECIFIC INFORMATION NEEDED: PLEASE CHECK ALL BOXES AND INITIAL WHERE REQUIRED:**

<input checked="" type="checkbox"/> Discharged Summary	<input checked="" type="checkbox"/> Emergency Dept. Records	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Psych Records <input type="text"/> <b>initial req.</b>	<input checked="" type="checkbox"/> Information regarding treatment of substance abuse <input type="text"/> <b>initial Req.</b>
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**PURPOSE: DISCLOSURE OF THIS INFORMATION IS NEEDED FOR:**

Other (Concealed Handgun Permit Application)

**AUTHORIZATION: I, AUTHORIZE AND REQUEST THE NEW HANOVER REGIONAL MEDICAL CENTER TO RELEASE MEDICAL INFORMATION TO THE NEW HANOVER COUNTY SHERIFF'S OFFICE CONCERNING MY TREATMENT TO COVER THE PERIOD**

**FROM:**  **TO:**

**MUST BE COMPLETED FOR ALL AUTHORIZATIONS:**

I, hereby authorize the use or disclosure of my personal health information as described above. I understand that I may refuse to sign this authorization and that this is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. I, understand that I may revoke this at any time by notifying the Medical Records Department in writing and that this will automatically expire (1) one year from the date signed below. This hereby releases the sender from all legal responsibility or liability of the release of information described above from the records. I also understand that if I revoked my authorization it will not have any effect on any actions NHRMC took before it received the revocation. I understand that medical records, laboratory reports, radiology reports, and billing information may be sent electronically or via facsimile to another medical facility or physician office involved in the care of the patient or responsible for any part of the patient's charges.

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS:**

<b>PRINT NAME:</b>	<b>WITNESS:</b>
<input type="text"/>	<input type="text"/>
<b>SIGNATURE:</b>	<b>DATE:</b>
<input type="text"/>	<input type="text"/>

FORM OF IDENTIFICATION:  Driver's License  State Issued ID  Military ID  Other

PLEASE SEND THIS INFORMATION TO THE ATTENTION OF:  
 NEW HANOVER COUNTY SHERIFF'S OFFICE OR DESIGNEE



New Hanover County Sheriff's Office  
 Edward J. McMahon, Sheriff  
 300 Princess Street, Room 201  
 Wilmington, NC 28401  
 Telephone: 910-798-4200  
 Fax: 910-342-2564

Wilmington Treatment Center

Authorization for Release of Information for  
 Concealed Handgun Permit Application for New  
 Hanover County Sheriff's Office or Designee

<b>Name:</b> <input type="text"/>	<b>Social Security No:</b> <input type="text"/>
<b>Date of Birth:</b> <input type="text"/>	

**Signature:**  
 I,  hereby authorized Wilmington Treatment Center located at 2520 Troy Drive, Wilmington, NC 28401 to release/exchange information with:  
 New Hanover County Sheriff's Office:  
 Attention Records Section:  
 300 Princess Street, Room 207  
 Wilmington, NC 28401

The below specified information and to release the above named organization and affiliated individual(s) from all legal liabilities that may arise from this situation.

INFORMATION TO BE RELEASED: REQUIRED (CHECK ALL THAT APPLY)		
<input checked="" type="checkbox"/> Condition/Location	<input checked="" type="checkbox"/> Nursing Assessment/Notes	<input checked="" type="checkbox"/> Nursing Care Plans
<input checked="" type="checkbox"/> Verify Admission/Discharge	<input checked="" type="checkbox"/> Clinical Progress Notes	<input checked="" type="checkbox"/> Master Treatment Plans
<input checked="" type="checkbox"/> Face Sheet(s)	<input checked="" type="checkbox"/> Lab Work/ Test Results	<input checked="" type="checkbox"/> Discharge Summaries
<input checked="" type="checkbox"/> Clinical Assessments	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Medication Administration Records (MAR)
<input checked="" type="checkbox"/> Medical Progress Notes	<input checked="" type="checkbox"/> Non-Physical Assessments	<input checked="" type="checkbox"/> Doctor's Orders
<input checked="" type="checkbox"/> Psychiatric Assessment		

**ACKNOWLEDGEMENT:**

I understand that information regarding my alcohol and/or drug treatment is protected by federal law under the Drug Abuse Prevention, Treatment, and Rehabilitations Act and the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and their implementing regulations. See generally 42 C.F.R. Part2; 45 C.F.R. Parts 160, 164. I understand that my health information specified above will be disclosed pursuant to this authorization, that the recipient of the information may re-disclose the information and it may no longer be protected by federal law under HIPAA. Federal Law governing confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure. I understand that I may revoke this consent verbally or in writing at any time except to the extent that action has been taken in reliance on it, and that this consent will expire in (1) year unless otherwise specified below:

Specification of the date, event or condition upon which this consent expires:

ACKNOWLEDGEMENT:		
I authorize the electronic release of this information.	YES	NO
I have been provided a copy of this form.	YES	NO

<b>Authorizing Signature:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>
<b>Witness Signature:</b> <input type="text"/>	<b>Date:</b> <input type="text"/>




**AUTHORIZATION FOR RELEASE OF INFORMATION FOR  
CARRY CONCEALED HANDGUN PERMIT APPLICANT**

**CONSUMER'S INFORMATION:**

<b>Consumer's Full Married Name:</b>		<b>Consumer's Social Security Number:</b>	
<b>Maiden Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Telephone Number:</b>	
<b>City:</b>		<b>Medical Record Number:</b>	
<b>State:</b>	<b>Zip Code:</b>	<b>Any Other Alias: (i.e. Birth Name)</b>	

1) This form implements the requirements for clients authorization to use and disclose health information protected by the federal health privacy law (45 C.F.R. PARTS 160,164), the federal drug and alcohol confidentiality law (42C.F.R. PART 2), and state confidentiality law governing mental health, development disabilities, and substance abuse services (G.S. 122C).

**Signature:**

I,  AUTHORIZE **COASTALCARE** TO USE OR DISCLOSE TO NEW HANOVER COUNTY SHERIFF'S OFFICE

**INFORMATION TO BE RELEASED: REQUIRES INITIALING AFTER EACH CATEGORY:**

(X) Clinical Assessment: <input type="text"/> (Initial Req.)	(X) Therapy Progress Notes: <input type="text"/> (Initial Req.)	(X) Doctor's Notes: <input type="text"/> (Initial Req.)
(X) Medical Progress Notes: <input type="text"/> (Initial Req.)	(X) Treatment Plans: <input type="text"/> (Initial Req.)	(X) Psychiatric Assessment <input type="text"/> (Initial Req.)
(X) Lab work/Test Results: <input type="text"/> (Initial Req.)	(X) Discharge Summaries: <input type="text"/> (Initial Req.)	(X) History & Physical: <input type="text"/> (Initial Req.)
(X) Non-Psychiatric Assessment: <input type="text"/> (Initial Req.)	(X) Medication Administration Records (MAR) <input type="text"/> (Initial Req.)	(X) Screening Report/Call Center: <input type="text"/> (Initial Req.)

**ACKNOWLEDGEMENT:**

- I understand that the information to be released may include information regarding drug abuse, alcohol abuse, HIV infections, AIDS or AIDS related conditions, psychological, psychiatric, or physical impairments.
- I understand that with certain exceptions, I have the right to revoke this authorization at any time, except to the extent that action has been take in reliance on it. If not revoked earlier, this authorization expires automatically upon:  (Date) or one year from the date it is signed, whichever is earlier.
- I certify that this authorization is made freely, voluntarily and without coercion.  
**FEES FOR COPIES**  
Federal and State Laws permit a fee to be charged for the copying of patient records. You may be required to pre-pay for the copies, if not, and then your copies will be mailed along with an invoice.

My purpose/use of the information that Coastal Care provide to the New Hanover County Sheriff's Office is for the **Concealed Weapon Permit Request**.  
**My Signature below represents that I have read and understand the disclosure of information: complies with 42 C.F.R. PART 2; 45 C.F.R. PARTS 160, 164.**

<input type="text"/>	<input type="text"/>
<b>Signature of Individual</b>	<b>Date of Individual Signature</b>



**NEW HANOVER COUNTY SHERIFF'S OFFICE**  
**EDWARD J MCMAHON, SHERIFF**  
**300 PRINCESS STREET**  
**WILMINGTON, NC 28401**  
**TELEPHONE: 910-798-4516**  
**FAX: 910-342-2564**

**INFORMATION SHEET FOR CHP APPLICANT (Please complete all boxes)**

Last Name: (including suffix) ex. Jr., III, IV  First Name:  Middle Name:

All former names (maiden, birth, Changed)  Additional space provided  On the next page

Address/Residence (NOT PO BOX)

City:  State:  Zip:  Telephone:

DOB:  Sex:  Race:  Alias/Nickname

Height:  Weight:  Eyes:  Hair Color:

Place of Birth: City, County, State, and (Country if outside US).  Social Security #

Passport#  Registration or Naturalization #

Driver's License Number:  State:  Other ID Number:

Scars, Marks, Tattoos, & Location of it:

Occupation: (Do Not Indicate NOT EMPLOYED/ IF RETIRED PLEASE INDICATE).

Employer: (if self-employed, list the name of your business, address (not PO BOX) and phone number).

Nearest Relative Information:

Signature of Applicant:  Date:

**Please provide all names you have had since birth:**

Example: Married, Adoptive and Personal name changes.

1.
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**Please provide all addresses you have had since the age of 18:**

If you can't recall the exact address please provide the city, state and the year that you resided there.

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