Georgia Weapons Carry License

Full Name: _____

Hair Color: _____ Eye Color: _____

City of Birth: _____ State of Birth:_____

Race:_____ Phone Number:_____

Application must be filled out completely. If it does not apply to you, put N/A. All questions must be answered. Numbers 3 and 7 have "if yes" questions. If it does not apply to you, you can check "No" or put "N/A". Put complete address with City, State and Zip Code when asked for address.

- If you were born outside of U.S.A., you must provide proof of lawful presence in the United States **at the time of application**. (U.S. Passport, Resident Alien Card, Permanent Resident Card, Immigrant Visa, Employment Authorization Card, Student Visa, Citizenship Certificate, Naturalization Certificate, etc.).

- If you were born abroad in the U.S. Military, you must provide a copy of your birth certificate **at the time of application**.

Do you currently have a P. O. Box as your address on your Driver's License? Yes _____ No _____

If so, you must provide proof of your physical address **at the time of application** (Tax Settlement, Lease Agreement, Official Letterhead, or Tag Registration).

Are you currently serving (or have you ever served) in the military? Yes _____ No _____

If so, you must provide proof **at time of application** (DD214 or VA Card).

Are you retired law enforcement? Yes _____ No _____

If so, you must provide proof **at the time of application** (Retired ID Badge / Retirement Certification).

Georgia Weapons Carry License Fees

	Cash	w/Credit Fee
First Time Filing	$72.00	$76.00
Military	$49.00	$53.00
Retired Law Enforcement	$ 7.00	$11.00
Renewals	$30.00	$34.00
Lost/Stolen w/48 hours	$ 6.00	$10.00

Rockdale County Probate Court 874 N. Main Street, Conyers, GA 30012
770-278-7700

Rockdale County, Georgia **Application Number _____**

APPLICATION FOR WEAPONS CARRY LICENSE

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

Maiden Name, Aliases & 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: _____ County: _____

Mailing Address (if different): _____

Phone Numbers: Home (_____) _____ Other (_____) _____

Military posting of non-resident who is active military _____ (attach copy of active-duty orders).

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

   If you are <u>not</u> a U.S. Citizen:
   - Identify all countries of citizenship:
     _____
   - Attach proof of name/date of birth/place of birth/INS or ICE number/photo ID.
   - Attach proof of residency in the State of Georgia.
   - Attach proof of your lawful presence in the United States, including any of the following that apply:

   Immigrant Alien: Resident Alien card, Permanent Resident Card or Immigrant Visa with ADIT Stamp.

   Non-Immigrant (Temporary) Alien: Student Visa, Tourist Visa, Employment Authorization Card, or valid Passport with Arrival/Departure Record; proof you fall within an exemption pursuant to 18 U.S.C. 922(y)(2)

2. Have you ever renounced your U.S. citizenship?.....Yes ☐ No ☐

3. Have you ever been convicted of, or pled guilty to, a criminal misdemeanor (or court-martial equivalent) involving the use or possession of a dangerous drug or controlled substance (including marijuana)?
   ..... Yes ☐ No ☐

- **If yes** to #3 above**,** have you also experienced one or more of the following within the past 5 years? ……..……..…….....….....Yes ☐ No ☐
  - Served any portion of incarceration or probation for that offense;
  - Been convicted of a second misdemeanor drug offense (or court-martial equivalent) involving
    use or possession of a controlled substance;
  - Been convicted of any offense arising out of the unlawful manufacture or distribution of a controlled substance or dangerous drug;
  - Been convicted of any unlawful possession or shipping of a firearm; or
  - Had your weapons carry license revoked.

    If pardoned and firearms rights restored, attach copy of pardon.

4. Have you ever been convicted of, or pled guilty to, any criminal misdemeanor involving the use or attempted use of physical force or threatened use of a deadly weapon towards (a) anyone with 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, or were involved with in a romantic relationship; (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 1 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. Are you under current indictment or information (formal charges) for a crime punishable by imprisonment for a term exceeding 1 year or are there currently any felony charges pending against you? .....Yes ☐ No ☐

7. 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.

8. Check "Yes" if you have been convicted of, or plead guilty to, carrying a weapon or long gun in an unauthorized location and, within the last 5 years, served any portion of the sentence received for such offense or received any criminal conviction of any kind.....Yes ☐ No ☐

9. Are you currently a fugitive from justice or have you left any state or any foreign jurisdiction to avoid criminal prosecution, to avoid testifying in 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 5 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 5 years, or are you addicted to or have lost control over any controlled substance or drug?.....Yes ☐ No ☐

12. Are you currently subject to any court order (including but not limited to restraining orders, protective orders, bond orders, peace bonds & good behavior bonds) restraining you from harassing, stalking, threatening, engaging in communication with, or refraining 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.

13. 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 ☐

14. 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 ☐

15. 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? ……..……..……...Yes ☐ No ☐

    If yes, attach a copy of the order.

16. Have you been voluntarily hospitalized as an inpatient in any mental hospital or alcohol or drug treatment center within the past 5 years?.....Yes ☐ No ☐

17. Have you 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. I further consent to the probate court where my application is submitted to perform or have performed all background checks required to be conducted according to law, including a fingerprint-based background check, a name-based NICS check, and an Immigration and Customs Enforcement (ICE) query.

_____
APPLICANT'S SIGNATURE

Sworn to and subscribed before me
this _____ day of _____, 20____

_____
Clerk of Probate Court

FOR COURT USE ONLY:

On _____
The applicant:

_____ was issued a firearms license
_____ was denied a firearms license
_____ was mailed a firearms license
_____ picked up the firearms license

_____
Judge/Clerk of Probate Court

_____new applicant _____ renewal

NTN #_____

Approved by Judge: _____
(if required)

CONSENT FORM

I hereby authorize the Rockdale County Probate Court to receive any criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

According to the GCIC Compliance Policy, ***all applicants are required to be fingerprinted within five (5) business days***. I acknowledge that I must be fingerprinted within five (5) business days of my application. Failure to do so will result in forfeit of my application and the fee paid to Rockdale County Probate Court; and if I desire to obtain a Georgia Weapons Carry License, I must re-apply and pay the required fee.

Applicant Number: _____

_____
Applicant's Name

_____
Street Address

_____
City State Zip Code

_____
Date of Birth

_____ _____
Race Gender

_____
Applicant's Signature

Signed before the undersigned _____

_____
Clerk / Judge Rockdale County Probate Court

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal 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. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.

- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.

- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).

- 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 the information in the criminal history record.

- If agency policy permits, the officials may provide you with a copy of your 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 find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions. Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: https://www.edo.cjis.gov.

- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from the 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.)

- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the 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.

APPLICANT'S COPY – PLEASE KEEP THIS COPY FOR YOUR RECORDS

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation and exchange of fingerprints and associated information is generally authorized under 28 U.S.C 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal and latent fingerprint repositories), or other available records of the employing, investigating or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGII after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket.

Routine Uses: Routine Uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances and other suitability determinations; local, state, tribal or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 2/4/2021

_____
Applicant's Signature

Applicant Number: _____

Date: _____

PRIVACY RIGHTS NOTIFICATION FORM

APPLICANT'S PRIVACY RIGHTS NOTIFICATION

(Applicant's 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 a FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set for in 28 CFR 16.30-16.33, or go the FBI website at http://fbi.gov/about-us/cjis/background-checks.

By signing this document below, I hereby state that I have reviewed a copy of the Non-Criminal Justice Applicant's Privacy rights form and the Privacy Act Statement.

SOCIAL SECURITY NUMBER NOTIFICATION

(Notice required under Section 7(b) of the Federal Privacy Act of 1974)

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary by what statutory or other authority such number is solicited and what uses will be made of it.

The Probate Judge of **Rockdale County** is authorized to request Social Security numbers pursuant to *Official Code of Georgia Annotated*, Section 16-11-129, which regulates firearms licensing checks and also under Rule 24.1, *Uniform Rules for the Probate Courts* in other situations as set forth therein including guardianships, conservatorships and estates. The Social Security number blanks appear in certain forms published by the State of Georgia and by the local Court.

The Social Security number is used as a secondary identifier when processing checks of criminal history records maintained by the state and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, it is not proper to deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number.

However, the absence of a Social Security number as a secondary identifier may delay processing and decisions because of necessary additional investigative time. Note that the absence of a Social Security number may result in an individual initially being identified as having a criminal record which actually is that of another person.

This again may result in delays in the decision.

I have received the above privacy information regarding my privacy rights and Social Security number, and I choose to:

☐ Provide my Social Security number: _____ - _____ - _____

☐ Not provide my Social Security number.

_____
Date

_____
Print Name

_____
Applicant's Signature