

Instructions for Weapon Carry Applications

(New Application)

- 1- Complete the attached Application, Privacy Statement, and sign documents in front of a notary
- 2- Include a copy of your GA Driver's License with current Whitfield County address
- 3- \$78 Money Order payable to Whitfield County Probate Court

(Renewal Application)

- 1- Complete the attached Application, Privacy Statement, and sign documents in front of a notary (*notary is required*)
- 2- Include a copy of your GA Driver's License with current Whitfield County address
- 3- Include a copy of your expired Weapon Carry License (apply 90 days prior to expiration date or up to 120 after expiration date)
- 4- \$30 Money Order payable to Whitfield County Probate Court

Hand-deliver to the office or 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.

*****New WCL:** Probate Court will contact you to schedule an appointment for your fingerprints and/or picture for your permit. An appointment will be required.

*****Renewals** will be processed by mail 90 days prior to expiration of permit or up to 120 days after expiration of permit. No appointments necessary.

***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 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 and any later order terminating or superceding 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.

APPLICANT'S SIGNATURE

FOR COURT USE ONLY:

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

On _____, the applicant was:
 ___ issued a weapons carry license ___ denied a weapons carry license

 Notary

 Judge/Clerk, Probate Court

**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.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 – 16.33 or go to 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 Noncriminal Justice Applicant's Privacy Rights form.

Signature	Print Name	Date
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Sworn to and subscribed before me
this ____ day of _____, 20____.

Notary

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 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. 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 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.)
- 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.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

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 NGI 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 02/04/2021