

# Firearm Application

**RECEIVED**  
COMPLETED BY EVIDENCE MGMT STAFF.



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

\_\_\_\_\_  
**RECEIVED BY**

Federal law along with the policy of the Burlington 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<br>U.S. CITY AND STATE <b>-OR-</b>  | FOREIGN COUNTRY | DATE OF BIRTH         |  | Alias or Maiden Name(s) |             |           |
| SOCIAL SECURITY NUMBER <b>(OPTIONAL BUT MAY AID IN IDENTIFICATION)</b>   |                 |                       |  |                         |             |           |
| ETHNICITY<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino  |                 | RACE                  | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Height                  | Weight      |           |
| TYPE OF IDENTIFICATION <i>(State Issued ID, Passport, Etc.)</i>  |                 | 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   |                 |                       |  |                         |             |           |

**CONTINUED ON BACK OF PAGE**

|  | 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 BURLINGTON POLICE DEPARTMENT ACQUIRED IT?   |     |    |
| WAS THIS SEIZED PURSUANT TO A CRIMINAL INVESTIGATION? IF YES, HAS THE CASE BEEN ADJUDICATED?   |     |    |
| DO YOU POSSESS A BILL OF SALE FOR THE FIREARM?   |     |    |
| WAS A COURT ORDER ISSUED AUTHORIZING THE FIREARM TO BE RETURNED TO YOU? IF NOT, YOU NEED TO APPLY FOR A COURT ORDER AUTHORIZING THE RETURN OF THE FIREARM. |     |    |
| DO YOU POSSESS A VALID HANDGUN PURCHASE PERMIT OR NORTH CAROLINA CONCEALED CARRY PERMIT ISSUED BY THE SHERIFF OF YOUR COUNTY OF RESIDENCE?                 |     |    |
| 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<br><input type="checkbox"/> APPROVED<br><input type="checkbox"/> DENIED |
| 1 <sup>ST</sup> REVIEWER  |                  | 2 <sup>ND</sup> REVIEWER (OPTIONAL)   |