## RENEWAL INSTRUCTIONS

## **Current Concealed Carry Handgun Permit Holders**

We encourage you to fill out the renewal application <u>at least 45 days in advance</u> of the expiration date of your permit.

The renewal process is the same as the initial application with the following exceptions:

- YOU ARE NOT REQUIRED TO PRESENT ANOTHER TRAINING CERTIFICATION
- YOU ARE NOT REQUIRED TO BE FINGERPRINTED (Unless your application has expired)

The following is what you will need to bring with you for the renewal process:

- VALID NORTH CAROLINA DRIVERS LICENSE OR STATE IDENTIFICATION CARD
- CURRENT CONCEALED WEAPON PERMIT
- CASHIERS CHECK/MONEY ORDER OR DEBIT/CREDIT CARD FOR \$75 MADE PAYABLE TO CLEVELAND COUNTY SHERIFFS OFFICE

  (No cash, no personal checks)

  DEBIT/CREDIT

Renewal application for concealed weapon permits are Monday through Friday during the hours of 8:00am – 4:00 pm. Please note that if you allow your concealed carry permit to expire you will be required to make an appointment for processing within 60 days of the date of expiration and you will need to be fingerprinted.

If you have any questions concerning the renewal process, please contact THE CIVIL DIVISION at 704-484-4763.

WE WILL NOTARIZE SIGNATURE AT THE TIME OF RENEWAL; If you have not signed prior to turning in the application.

## DOs & DON'Ts for CARRYING a CONCEALED HANDGUN

- 1. Your permit to carry a concealed handgun **must** be carried along with valid identification whenever the handgun is being carried concealed.
- 2. When approached or addressed by any officer, you **must** disclose the fact that you have a valid concealed handgun permit and inform the officer that you are in possession of a concealed handgun. You should **not** attempt to draw or display either your weapon or your permit to the officer unless and until he/she directs you to do so. Your hands are to be kept in plain view and you are not to make any sudden movements.
- 3. At the request of any law enforcement officer, you must display both the permit and valid identification.
- 4. You **may not**, with or without a permit, carry a concealed weapon while consuming alcohol or while alcohol or any substance, controlled or otherwise, is in your blood unless the substance was obtained legally and taken in therapeutically appropriate amounts.
- 5. You **must** notify the Sheriff who issued the permit of any address change within thirty (30) days of the change of address.
- 6. If a permit is lost or destroyed, you **must** notify the sheriff who issued the permit and you may receive a duplicate permit by submitting a notarized statement to that effect along with the required fee. Do **not** carry a handgun without it.
- 7. Even with a permit, you may **not** carry a concealed handgun in the following areas:
  - 1. Any law enforcement or correctional facility;
  - 2. Any space occupied by state or federal employees;
  - 3. Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
  - 4. Public educational property, however a permittee may secure a handgun in a locked vehicle;
  - 5. Areas of assemblies or demonstrations;
  - 6. State occupied property;
  - 7. Any State or federal courthouse:
  - 8. Any area prohibited by federal law:
  - 9. Any local government building if the local government had adopted an ordinance and posted signs prohibiting the carrying of concealed weapons.
- 8. If you are in a vehicle and stopped by a law enforcement officer, you should put both hands on the steering wheel, announce you are in possession of a concealed handgun and state where you have it concealed, and that you are in possession of a permit. Do **not** remove your hands from the wheel until instructed to do so by the officer.

| I,, have read and understand the Do's and Don'ts of carrying a concealed handgun, and the Disqualifying Criminal Offenses pursuant to N.C. General Statute § 14-415.12 (b)(8). |        |  |  |  |  |  |  |  |
|--|--------|--|--|--|--|--|--|--|
| Signature  | , Date |  |  |  |  |  |  |  |
| Witness:   | Date   |  |  |  |  |  |  |  |

| STATE OF NORTH CAROLINA County   |   | RELEASE OF PHYSICAL AND MENTAL<br>HEALTH, SUBSTANCE ABUSE AND<br>CONFIDENTIAL COURT RECORDS FOR<br>CONCEALED HANDGUN PERMIT  |  |   |  |  |  |
|--|---|--|--|---|--|--|--|
|  |   |  | G.S. 14-   | 415.13(a)(5)  |  |  |  |
| Name And Address Of Applicant  |   | Date Of Birth  | Social Security No.  |   |  |  |  |
|  |   |  |  |   |  |  |  |
|  |   | State Drivers License No. (State Ide   | entification No. if no Drivers License)  | State   |  |  |  |
| substance abuse treatment or care to me, including named county any and all records concerning my please may reasonably request in connection with my applisheriff to determine my qualification and competent protected by federal regulations and that other confistatute. Accordingly, I specifically authorize the release documented in my records.  I understand that further disclosure or redisclosure prohibited without my further written consent unless authorization at any time except to the extent that a revocation, this Release will expire upon the satisfa  | hysical capacity, ication for a conce<br>to handle a har-<br>idential records state of any and all<br>by the sheriff of all<br>otherwise provid-<br>ction has already | mental health, mental capaci<br>ealed handgun permit. The p<br>adgun. I understand that alco<br>uch as psychiatric informational<br>I alcohol, substance abuse a<br>my information disclosed to the<br>ed for by state or federal law<br>been taken in reliance on the | ity or substance abuse that the purpose of the release is to enabled and substance abuse information may be protected by North Country of the protected by North Country of the sheriff pursuant to this Relevance is Release. Even without my experience is the substance of the sheriff pursuant to the Relevance of the sheriff pursuant to the Relevance of the sheriff pursuant to the Release. | sheriff able the mation is carolina may be ase is ke this |  |  |  |
| Name Of Provider   | •   | Address Of   |  |   |  |  |  |
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| I also request and authorize any and all clerks of suclerk's records contain the record of any involuntary which I have been named as a respondent and, if seach such proceeding that the sheriff may reasonate me. This Release may be treated as a motion in to the sheriff pursuant to any specific or standing or  | y commitment pro<br>so, to reveal to the<br>bly require in orde<br>the cause within   | ceeding under Article 5 of C<br>e sheriff any confidential info<br>er to determine whether or na<br>the meaning of G.S. 122C-5   | hapter 122C of the General St<br>mation in the court files or rec<br>ot to issue a concealed handgi<br>4(d) and a clerk may reveal Inf   | atutes in<br>ords of<br>in permit                         |  |  |  |
| I authorize the sheriff to photocopy this Release aft presented to rely on the photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as being as effective and the sheriff to photocopy as the sheriff to photocop |   |  | om a photocopy of this Releas  | e is  |  |  |  |
| NOTE: Pursuant to G.S. 14-415.15(a), no person, of the applicant for a concealed handgun person.   | company, mental<br>nit for a backgrou   | health provider, or governmend check under that subsect  | ental entity may charge additio<br>ion.  | nal fees to   |  |  |  |
| SWORN/AFFIRMED AND SUBSCRIBED TO   | BEFORE ME   | Date   |  |   |  |  |  |
| Date Signature Of Person Authorized To Admit   | nister Oaths  | Signature Of Applicant   |  |   |  |  |  |
| Title  |   |  |  |   |  |  |  |
|  |   |  |  |   |  |  |  |
| Date Commission Expires  |   |  | SEAL   |   |  |  |  |

| STATE OF NORTH CAROLINA  |  |  | APPLICATION FOR CONCEALED HANDGUN PERMIT |   |  |   |                     |                          |                    |                       |         |                     |                   |
|--|--|--|--|---|--|---|---------------------|--------------------------|--------------------|-----------------------|---------|---------------------|-------------------|
| Nar<br>addn  | ne of Applicant (Last, First<br>esses and all name changes inclu   | st, Middle, Maiden)<br>iding location and court file | Attach listing of number (If Appli       | if all previous<br>cable)               |  | NEW                                     | PERMIT              |                          | RE                 | NEWA                  | L PER   | MIT                 |                   |
| Property of the Control of the Contr |  |  | 2 22                                     |   |  | DUPL                                    | ICATE               |                          | EM                 | MERGE                 | NCY T   | EMPORA              | RY PERMIT         |
|  |  | ***************************************              |  |   |  |   |                     |                          |                    |                       |         |                     | 14-415 10 et seq. |
| Street Address   |  |  | Date of                                  | Birth                                   |  |   | Social S            | al Securit<br>ee Notific | y Numb<br>ation on | er — Option<br>page 2 | al      |                     |                   |
| City   | <u> </u>   |  | State                                    | Zip Code                                | Driver's License Number (State ID Number if no driver's license Number (State ID Number if no driver's license Number III) |   |                     |                          | s license          | -)                    | State   |                     |                   |
| Mai  | ling Address   |  |  |   | Military Status Race   |   |                     |                          |                    | low for co            | Sex     | Hair                |                   |
|  |  |  |  |   | ☐ Active ☐ Reserve ► See bu  |   |                     |                          |                    | ROW TOF GO            | uc      |                     |                   |
| Tele   | ephone Number  | County of Resider                                    | nce                                      | <del></del>                             | Eyes   |   | Height              | Weight                   |                    | Other P               | hysical | Description         |                   |
|  |  |  |  | *************************************** | <u></u>  |   | 1                   | L                        |                    |                       |         |                     |                   |
| Table 1  | and the control of th |  | <b>≯</b> F                               |   |  |   | Islander, B-I       | Black, <b>L</b> -A       | merican            | Indian or             | Alaskan | Native, <i>U</i> –U | nknown, W-White   |
|  |  |  |  |   | LICAT  | *************************************** |                     |                          |                    |                       |         |                     |                   |
| l, ti  | he undersigned appl<br>d state that the follo  | licant, being du<br>wing informatio                  | ly sworn, h<br>n is correc               | ereby make<br>t to the best             | applica<br>of my   | ation fo<br>knowle                      | r a North (<br>dge. | Carolina                 | a Con              | cealed                | Hand    | gun Perm            | nit               |
| 1.   | Are you a citizen of the   |  |  |   |  |   |                     |                          |                    |                       | (1)     | Yes                 | ☐ No              |
| Ricina A. Managanganan ing ang   | * If No: Have you be ▶ If Yes, attach docu   |  | ed for perma                             | nent residence                          | e?   |   |                     |                          |                    |                       | *       | Yes                 | ☐ No              |
| 2.   | Are you 21 years of ag   |  |  |   |  |   |                     |                          |                    |                       | (2)     | Yes                 | ☐ No              |
| 3.   | Have you been a resid  |  |  |   |  | 1000                                    | -                   | te of this               | applio             | ation?                | (3)     | Yes                 | ☐ No              |
| 4.   | Do you suffer from a p   |  |  |   |  | -                                       |                     |                          |                    |                       | (4)     | Yes                 | ☐ No              |
| <ol> <li>Have you successfully completed an approved firearms safety and training of handguns and instruction in the laws of North Carolina governing the carr use of deadly force?</li> <li>If Yes, attach documentation</li> </ol>   |  |  |  |   |  |   |                     |                          |                    | (5)                   | Yes     | □No                 |                   |
| * If No: Do you meet any of the exceptions in N.C.G.S. § 14-415.12A?  If Yes, attach documentation.  |  |  |  |   |  |   |                     |                          | *                  | Yes                   | ☐ No    |                     |                   |
| 6.   | Are you ineligible to ov   | wn, possess, or re                                   | ceive a firear                           | m under the p                           | rovisions  | s of state                              | or federal l        | law?                     |                    |                       | (6)     | Yes Yes             | ☐ No              |
| 7.   | Are you under indictment or have a finding of probable cause been entered against you for a pending felony charge?   |  |  |   |  |   | (7)                 | Yes                      | ☐ No               |                       |         |                     |                   |
| 8.   | B. 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?  If Yes, attach documentation.   |  |  |  |   | *  | Yes                                     | ☐ No                |                          |                    |                       |         |                     |                   |
|  | 9. Are you a fugitive from justice?  |  |  |   |  |   | (9)                 | Yes                      | ☐ No               |                       |         |                     |                   |
| 10.  | <ol> <li>Are you an unlawful user of (or addicted to) marijuana, alcohol, or any depressant, stimulant, or narcotic drug,<br/>or any other controlled substance as defined in 21 U.S.C. § 802?</li> </ol>  |  |  |   |  |   | (10)                | Yes                      | ☐ No               |                       |         |                     |                   |
| 11.  | 11. Are you currently or have you been previously adjudicated or administratively determined to be lacking<br>mental capacity or mentally ill?   |  |  |   |  |   | (11)                | Yes                      | ☐ No               |                       |         |                     |                   |
| 12.  | 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 on page 3 of this form? ▶ See "List of Disqualifying Criminal Offenses" on page 3 (13) ☐ Yes ☐  |  |  |  |   |  | ☐ No                                    |                     |                          |                    |                       |         |                     |                   |
| 14.  | Have you had an entry from obtaining a hand  |  | ment continu                             | ued for a crimin                        | nal offen  | se which                                | n would disq        | ualify yo                | и                  |                       | (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)  |  |  |  |   | (15)   | Yes                                     | ☐ No                |                          |                    |                       |         |                     |                   |
| 16.  | 16. Have you been convicted of an impaired driving offense under N.C.G.S. § 20-138.1, 20-138.2, or 20-138.3 within three years prior to the date of this application? (16) Yes I   |  |  |   |  | □ No                                    |                     |                          |                    |                       |         |                     |                   |
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| I hereby apply for a 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) |   |              |   |   |  |  |  |  |  |
|---|---|--------------|---|---|--|--|--|--|--|
| State Gloui   | ds of Temporary Emergency Femilic (ose at   | edolii i Gir | in necess   | ·                                       |  |  |  |  |  |
| County She<br>Permit purs   | leted for RENEWALS only) — I currently hold a eriff's Office. I hereby affirm that I remain of suant to the criteria set forth in Article 54B this application. | qualifie     | d to rece   | eive and possess this Concealed Handgun |  |  |  |  |  |
| SWORN TO AN   | SUBSCRIBED TO BEFORE ME   | Date         |   |   |  |  |  |  |  |
| Date  | Date Signature of Person Authorized to Administer Oaths   |              |   | Signature of Applicant                  |  |  |  |  |  |
| Title CAUTION   |   |              |   |   |  |  |  |  |  |
| Date Commission Expires SEAL  |   |              | 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   | JSE O        | NLY   |   |  |  |  |  |  |
| ILIE E I JE - A   | check applicable boxes:   |              |   |   |  |  |  |  |  |
|   | Permit Fee Paid   |              |   | ed Temporary Permit                     |  |  |  |  |  |
|   | ingerprints Administered by the Sheriff's Office  |              |   | ied Temporary Permit                    |  |  |  |  |  |
| Original Certification     of Approved Fire   | te of Completion<br>earms Safety & Training Course  | 10.          |   | red Permit                              |  |  |  |  |  |
| 4. Renewal-Waive  | r of Application Firearm Safety & Training Course   | 44           |   | nit Number                              |  |  |  |  |  |
| 5. Attachment(s) (S   | Specify)  |              |   | nied Permit mitted to SBI               |  |  |  |  |  |
| 6. Temporary Docu   | mentation   |              |   | insaction Number (NTN)                  |  |  |  |  |  |
| 7. Other (Specify)  |   |              |   | ,                                       |  |  |  |  |  |
|   | Signature of Sheriff:Original - Sheriff / Copy - Applicant  |              |   |   |  |  |  |  |  |

▶ 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.

## LIST OF DISQUALIFYING CRIMINAL OFFENSES

▶ NOTE: If otherwise qualified, an applicant who has been found guilty <u>OR</u> received a prayer for judgment continued <u>OR</u> a suspended sentence for one of the offenses listed in 1-21 below, and <u>THREE YEARS have passed PRIOR</u> to the signed application date, <u>CAN receive</u> a Concealed Handgun Permit — N.C.G.S. § 14-415.12 (b)(8).

| 1    |   |                             |
|------|---|-----------------------------|
| 1.   | Simple assault  | N.C.G.S § 14-33(a)          |
| 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 inmediatible, mental, or penal institutions, or local confinement facilities. | ates of                     |
| 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   |                             |
| 8.   | Impersonation of a law enforcement officer or other public officer  | N.C.G.S. § 14-277           |
| 9.   | Communicating threats   | N.C.G.S. § 14-277.1         |
| 10.  | Carrying weapons at parades and other public gatherings   | N.C.G.S. § 14-277.2         |
| 11.  | Exploding dynamite cartridges and/or bombs (except fireworks violations under N.C.G.S. § 14-414)  | N.C.G.S. § 14-283           |
| 12.  | Rioting and inciting a riot   | N.C.G.S. § 14-288.2         |
| 13.  | Fighting or conduct creating the threat of imminent fighting or other violence  | N.C.G.S. § 14-288.4(a)(1)   |
| 14.  | Looting and trespassing during an emergency   | N.C.G.S. § 14-288.6         |
| 15.  | Assault on emergency personnel  | N.C.G.S. § 14-288.9         |
| 16.  | Violations of City state of emergency ordinances  | Former 14-288.12            |
| 17.  | Violations of County state of emergency ordinances  | Former 14-288.13            |
| 18.  | Violations of State of emergency ordinances   | Former 14-288.14            |
| 19.  | Convicted of impaired driving under G.S. §§ 20-138.1, 20-138.2, or 20-138.3   | N.C.G.S. § 14-415.12(b)(11) |
| 20.  | Violations of the standards for carrying a concealed weapon   | N.C.G.S. § 14-415.21(b)     |
| 21.  | Misrepresentation on certification of qualified retired law enforcement officers  | N.C.G.S. § 14-415.26(d)     |
|      | ▶ NOTE: Offenses listed in 22-33 below are PERMANENT DISQUALIFIERS for a Concealed Han  | ndgun Permit.               |
| 22.  | Assault inflicting serious injury or using deadly force   | N.C.G.S. § 14-33(c)(1)      |
| 23.  | Assault on a female   | N.C.G.S § 14-33(c)(2)       |
| 24.  | Assault on a child under the age of 12  | N.C.G.S. § 14-33(c)(3)      |
| 25.  | Assault inflicting serious injury or using a deadly weapon on a person in a personal relationship and   | NOOD 016000                 |
| 26.  | in the presence of a minor.  Stalking   |                             |
| 27.  |   |                             |
| 28.  | Child abuse   |                             |
| 29.  | Domestic criminal trespass  Domestic violence protective order violations   |                             |
| 30.  | Any person convicted of a "misdemeanor crime of domestic violence" as defined in federal law at 18 USC 922(g)(6   |                             |
| 31.  | Any crimes involving assault or a threat to assault a law enforcement officer, probation or parole officer, person en   |                             |
| U 1. | State or local detention facility, firefighter, emergency medical technician, medical responder, or emergency depart  |                             |
| 32.  | Misdemeanor crimes that involve violence (other than the misdemeanors listed in items 1-21).  |                             |
| 33.  | Misdemeanor crimes under Article 8 of Chapter 14 (other than the misdemeanors listed in items 1-21).  |                             |
| 4    |   |                             |

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