



Tyrrell County Sheriff's Office
Concealed Handgun Permit Fee Schedule

1. The processing for the concealed carry permit application will take approximately 30 to 45 minutes, please allow the allotted time when coming to the Sheriff's Office. Please call and make an appointment (252) 796-2251 ext. 2663.

2. All checks should be made out to the Tyrrell County Sheriff's Office. Please have the correct amount of money for payment.

3. You must be 21 years of age to apply for a concealed carry permit, a citizen of the United States or has been lawfully admitted for permanent residence in the United States.

4. Please check your forms carefully to ensure that all lines are complete. A notary is available at the Sheriff's Office to notarize all documents.

5. First Time Application Fee	\$80.00
Fingerprinting Fee	<u>\$10.00</u>
	\$90.00 Total
Renewal	\$75.00
If no fingerprints are required the fee will be	\$75.00
Duplicate Permits	\$15.00

5. The usual processing time for a concealed handgun permit is 45 days.

6. Your concealed permit is printed and issued through the SBI DCI division out of Raleigh. The permits are printed once a week on Wednesdays. We will notify you when your permit is here.



Two Forms of Identification are required to obtain a Pistol Purchase/or Concealed Permit

A valid, State Issued Driver's License or Identification Card, and any one of the of following:

1. Mortgage Statement
2. Insurance Statement
3. Bank Statement
4. Water Bill
5. Electric Bill
6. Cable Bill
7. Phone Bill

The above listed Utility Bills must be no more that 2 months old.

You must be 21 years of age to apply for a concealed carry permit.

Residency Requirement

Thirty Day Requirement: Persons who have moved into Tyrrell County from out of state residences must have established residence in Tyrrell County for a period of (30) days. Proof of Residence must be presented upon request.



CRITERIA FOR THE USAGE OF A CONCEALED HANDGUN PERMIT

1. Any person applying for a concealed handgun permit must be a citizen of the United States or have been lawfully admitted for permanent residence in the United States and a resident of North Carolina.

Thirty Day Requirement: Persons who have moved into Tyrrell County must establish residency in Tyrrell County for a period of (30) days. Proof of Residence must be presented. Persons who have left Tyrrell County for a period of (30) days will have to re-establish residency upon their return.

2. Applicant must be at least twenty-one (21) years of age.
3. Applicant must have successfully completed an approved firearms safety and training course, which involves the actual firing of a handgun and instructions in the laws governing carrying of concealed handguns and the use of deadly force.
4. Applicant must be fingerprinted by a member of the Sheriff's Office.
5. Applicant must pay a non-refundable fee of ninety (\$90.00) dollars.

Grounds for Denial

1. Any of the above criteria not met.
2. Applicant is ineligible to possess a handgun.
3. Applicant is under indictment for a crime.
4. Applicant has been adjudicated guilty of a felony.
5. Applicant is a fugitive from justice.
6. Applicant is an unlawful user, or is addicted to alcohol or any controlled substance.
7. Applicant is or has been determined to be lacking in mental capacity.
8. Applicant has been discharged from armed services other than honorable conditions.
9. Applicant has been found guilty of any crime of violence.
10. Applicant has been found guilty of impaired driving within three (3) years of submitting this application.



**Tyrrell County Sheriff's Office
Darryl Liverman, Sheriff
P.O. Box 178
Columbia, NC 27925
Tel. (252) 796-2251 Fax: (252) 796-0251**

GROUND FOR REVOCATION OF A CONCEALED HANDGUN PERMIT

1. Fraud or intentional misrepresentation in the obtaining of a permit.
2. Any act or existence of a condition, which would have been reasons for denial.
3. Be found guilty of any crime, which would have disqualified applicant of issuance.
4. Misuse of a permit, including lending or giving a permit to another person, duplicating a permit, or using a permit with the intent to unlawfully cause harm to a person or property.

APPEAL PROCESS FOR DENIED, REVOCATION, OR NON-RENEWAL OF A PERMIT

An applicant may appeal the denial, revocation, or non-renewal of a permit by petitioning a district court judge of the district in which the application was filed. The determination by the court, on appeal shall be upon the facts, the law, and the reasons of the sheriff's refusal. The determination by the court shall be final.

Permits Honored in Other States

Permit holders should know that while they can legally carry a concealed handgun while visiting these states, they're subject to the laws of the state they are visiting and are responsible for learning about those laws.

States with North Carolina Agreements

Alabama	Kentucky	Oklahoma
Alaska	Louisiana	Pennsylvania
Arizona	Michigan	South Carolina
Arkansas	Mississippi	South Dakota
Colorado	Missouri	Tennessee
Delaware	Montana	Texas
Florida	Nebraska	Utah
Georgia	Nevada	Virginia
Idaho	New Hampshire (resident permits only)	Washington
Indiana	New Mexico	West Virginia
Iowa	North Dakota	Wisconsin
Kansas	Ohio	Wyoming

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

☐ Active ☐ Reserve

Race

Sex

Hair

☐ 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 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 ☐ 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 than 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 Oa

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
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: | <input type="checkbox"/> |
| 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): | <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. StalkingN.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.

STATE OF NORTH CAROLINA**RELEASE OF PHYSICAL AND MENTAL HEALTH
SUBSTANCE ABUSE AND CONFIDENTIAL
COURT RECORDS FOR CONCEALED/PISTOL
PURCHASE PERMITS****TYRRELL COUNTY**

Name & Address of Applicant

Date of Birth

Social Security No:

State Drivers License No. & State

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 Tyrrell County any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that he 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 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 maybe documented in my records.

I understand that further disclosure or re-disclosure by the Sheriff or any information disclosed to the Sheriff pursuant to this release is prohibited without my further written consent unless otherwise provided for by 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.

Name of the Medical Provider**Address & Phone Numbers of Medical Provider**

I also request and authorize any and all clerks of superior court of North Carolina to inform the Sheriff of Tyrrell 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 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.

SWORN & SUBSCRIBED TO BEFORE ME

Date:

Signature of Applicant:

Signature of Person Authorized to Administer
Oaths

Date:

My Commission Expires:

STATE OF NORTH CAROLINA

RELEASE OF PHYSICAL AND MENTAL HEALTH
SUBSTANCE ABUSE AND CONFIDENTIAL
COURT RECORDS FOR CONCEALED/PISTOL
PURCHASE PERMITS

TYRRELL COUNTY

Name & Address of Applicant	Date of Birth
	Social Security No:
	State Drivers License No. & State
<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 Tyrrell County any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that he 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 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 maybe documented in my records.</p> <p>I understand that further disclosure or re-disclosure by the Sheriff or any information disclosed to the Sheriff pursuant to this release is prohibited without my further written consent unless otherwise provided for by 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>	
Name of the Provider	Address of the Provider
Trillium Health Resources	3809 Shipyard Blvd. Wilmington, NC 28403 Attention: Jennifer Coston – Fax: 910-550-2665
<p>I also request and authorize any and all clerks of superior court of North Carolina to inform the Sheriff of Tyrrell 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 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>	
SWORN & SUBSCRIBED TO BEFORE ME	
Date:	Signature of Applicant:
Signature of Person Authorized to Administer Oaths	Date:
My Commission Expires:	

North Carolina Department of Human Resources

Authorized to Release Information

Client Name (Last, First Middle or Maiden Name)	Social Security Number Date of Birth
Name/Address of Agency, Organization, Individual which Possesses Information to be Released	Name/Address of Agency, Organization, or Individual to whom Information is to be Released
Cherry Hospital Caller Box 800 Goldsboro, NC 27533 Attention: Medical Records/Correspondence	Tyrrell County Sheriff's Office P.O. Box 178 Columbia, NC 27925
Information requested: (Specify the nature and extent of information to be released) Information specific to Mental Health	Purpose(s) or need for which the information is to be used: Concealed Weapon Permit Application

I hereby request and authorize the above named agency, organization or individual, which possesses information, relative to the client, named above to release information, as specified to the agency named on this request. I understand that the information to be released may include information regarding drug use, alcohol use, sickle cell anemia, psychological or psychiatric impairments and AIDS or HIV test results if applicable.

I certify that this authorization is made freely, voluntarily and without coercion. I understand that the information to be released is protected under state and federal law. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it, without my express revocation this consent will automatically expire upon satisfaction of the need for disclosure.

A photocopy of this authorization may be considered as valid as the original.

Signature of the Client	Signature of Legally Responsible Person (when required)
Signature of Witness	Date

_____A search of our medical records revealed that the above named individual does not have a medical record associated with Cherry Hospital, Goldsboro, NC.

_____A search of our medical records revealed that the above named individual does have a medical record associated with Cherry Hospital, Goldsboro, NC.

Information Check By: _____
Signature Date

Concealed Handgun Chart – Prohibited Carry Areas

Prohibited Carry Area	Individuals Authorized Pursuant to GS 14-269(b)	Out-of-State Officer HR 218	Concealed Carry Handgun Permittee GS 14-415.10	Out-of-State Reciprocal Concealed Carry Handgun
Educational Property	YES	YES – If Secured in Vehicle <u>Unless</u> Private Educational Property is Posted.	YES – If Secured in Vehicle <u>Unless</u> Private Educational Property is Posted.	YES – If Secured in Vehicle <u>Unless</u> Private Educational Property is Posted.
Where Alcoholic Beverages are sold and consumed	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
Certain State Property & Courthouses (This does not address Legislative office properties.)	YES	YES – If Secured in Vehicle	YES – If Secured in Vehicle	YES – If Secured in Vehicle
Parades or Funeral Processions	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
Picket lines, Private Health Care Facilities	YES	NO	NO	NO
Posted Property	see note below	NO	NO	NO
Law Enforcement or Correctional Facility	YES	NO	NO	NO
Federal Property	NO	NO	NO	NO
While consuming alcohol or while alcohol or controlled substance is in the blood	NO	NO	NO	NO
Assembly where admission is charged	YES	YES – Unless Posted	YES – Unless Posted	YES – Unless Posted
State owned rest area	YES	YES	YES	YES
Posted local government recreational facilities	YES	NO	NO	NO

A "YES" in the block indicates the person in that category can carry in the establishment listed.
A "NO" in the block indicates the person in that category cannot carry in the establishment listed.

NOTE: While carrying in this area may not be in violation of our concealed carry statutes, it may constitute a trespass violation in certain circumstances.

Effective 8/1/2013



Tyrrell County Sheriff's Office
Darryl Liverman, Sheriff
P.O. Box 178
Columbia, NC 27925
Tel. (252) 796-2251 Fax: (252) 796-0251

**THE DO's & DON'TS OF
CARRING 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 by a law enforcement officer, you must advise the officer that you have a valid concealed handgun permit and that you are in possession of a concealed handgun. You should not attempt to draw or display your handgun unless and until the officer directs you to do so. You should keep your hands in plain view. (Keep them on the steering wheel)
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 controlled substance is in your blood.
5. You must notify the Sheriff's Office 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's Office who issued the permit.
7. Even with a permit, you may not carry a concealed handgun in the following areas:
 - (a) Any law enforcement or correctional facility
 - (b) Any space occupied by state or federal employees
 - (c) Any premises where the carrying of a concealed handgun is prohibited by the posting of a statement by the controller of the premises;
 - (d) Public educational property, however a permittee may secure a handgun in a locked vehicle;

- (e) Areas of assemblies or demonstrations;
- (f) State occupied property;
- (g) Any state or federal courthouse
- (h) Any area prohibited by federal law; or
- (i) Any local government building if the local government has adopted an ordinance and posted signs prohibiting concealed weapons.

I certify that I have read and understand the above regulations concerning the carrying of a concealed handgun, and I further understand that my permit to carry a concealed handgun may be revoked for any violation of these regulations.

Signed:_____ Date:_____

Witnessed:_____ Date:_____

CARRY CONCEALED HANDGUN INSTRUCTOR EVALUATION FORM

Please complete this evaluation form so the Division may evaluate the training course conducted by the Concealed Carry Handgun (CCH) Instructor. Completing this form is voluntary.

County of Application for the CCH Permit: _____

Date of your Concealed CCH Instruction: _____

The location of the CCH Class: _____

Name of the CCH Instructor: _____

Time the class began: _____ Time the class ended: _____

Were you informed of the N.C. Firearms Laws and Use of Deadly Force: Yes No

How long was the legal block of N.C. Firearms Laws and Use of Deadly Force: _____

Did you receive instruction pertaining to revolvers and semi-automatics: Yes No

Did you qualify with a firearm after the classroom portion of the CCH class: Yes No

How many rounds of ammunition were used in the qualification portion of the class: _____

Would you recommend the instructor to other prospective CCH Students: Yes No

Please feel free to address any concerns or make any comments regarding the quality of the class and the CCH Instructor:

Please include your contact information in the invent we need to follow-up with you on this evaluation:

Your Name _____

Email _____

Telephone _____