

## **GEORGIA WEAPONS CARRY LICENSE**

### **Lowndes County Probate Court – (229) 671-2650**

Lowndes County Citizens can apply for a Georgia Weapons Carry License

***Monday through Friday 8:30 a.m. until 4:15 p.m.***

**(IT IS RECOMMENDED THAT YOU COMPLETE INITIAL PAPERWORK ONLINE PRIOR TO YOUR ARRIVAL)**

### **Probate Court Fees**

• First Time Applicant - **\$72.00** • Renewal - **\$30.00** • Replacement - **\$6.00**

Fees may be paid with Visa, MasterCard, Discover, Money Order, Cashier's Check, or Cash. If paying with cash, please bring the exact amount or bills no larger than \$20.00. (Personal Checks are **not** accepted).

### **OBTAINING A WEAPONS CARRY LICENSE IN LOWNDES COUNTY**

1. Reside in Lowndes County (You will **NOT** be given a refund if it is determined you are not a Lowndes County Citizen).
2. Be at least 21 years of age.
3. Have a Georgia issued Driver's License or Georgia issued Identification Card with **your Current Name** and **Current Lowndes County Address**. **Please Note: Georgia Digital ID is not accepted in this Court.**
4. Present a utility bill, rental or lease agreement, or property tax statement showing your physical Lowndes County address **IF** you have a Post Office Box number on your Driver's License.
5. Provide a certified copy of your birth certificate or a passport showing country of birth, **IF** born outside of the United States.
6. Show proof of legal presence in the United States **IF** not a U.S. citizen.
7. Provide naturalization certificate and original INS number **IF** naturalized citizen.
8. Be fingerprinted, and submit to a criminal and mental health records check - **First Time Applicants.**
9. Not have any legal disqualifications to receipt of the license.

### **APPLICANTS FOR RENEWAL LICENSE**

1. Must meet all of the above requirements AND
2. You must present your valid Weapons Carry License when you submit the renewal application. Licenses cannot be renewed more than 90 days prior to the expiration date or later than 30 days after the expiration date.
3. If **30** days have passed after expiration, the applicant must proceed as a **first time** applicant (and will need to be fingerprinted again).
4. There is no fingerprinting requirement for a renewal applicant; however, you must submit to a Name and Identifier NICS check.

### **REPLACEMENT OF WEAPONS CARRY LICENSE**

1. If your license is lost, damaged, or stolen, you must report it to the Probate Court within 7 days of discovery of such loss, damaged, or stolen license in order to get a replacement license.
2. If your license is damaged, you must bring it with you. If you later find the lost license, you must return it to Probate Court immediately.
3. Lost license: Applicants will need to complete an Affidavit that will be provided to you by Probate Court.
4. Stolen license: Applicants will need to provide a police report for stolen licenses (case numbers only will not be accepted). The report **must** list the lost Weapons Carry License.

5. If you have a legal name change and/or move to a new address, you will need to replace your license. Proof of changes (such as current state-issued identification card or driver's license with new address / name or copy of my marriage certificate, divorce decree or other order) will be required at the time of replacement.

### **ACTIVE DUTY MILITARY WITH AN OUT OF STATE DRIVER'S LICENSE OR I.D. CARD**

1. Active Duty Orders.
2. Military ID.
3. A copy of a utility bill, rental or lease agreement showing your current Lowndes County address.
4. Proof of completed basic training or honorable discharge **IF** active duty military *under 21* years of age.

\*Please note: active duty personnel with a Georgia issued Driver's License or Georgia issued Identification Card will need to apply at the County listed on their License/ Card OR update their address to show Current Lowndes County Address.

### **PLEASE NOTE THE FOLLOWING**

1. A Weapons Carry License is valid for *five years* unless revoked.
2. For additional information on eligibility, please refer to O.C.G.A. §16-11-129.
3. Please notify the clerk if you are RETIRED LAW ENFORCEMENT with ten or more years of service. Proper documentation will be required.
4. There is no refund of any part of the application and other fees once the application is filed, and the process has begun.
5. The Probate Judge and Court Staff **cannot** advise you regarding Weapons Carry License approval prior to Application and Criminal Background check.
6. Your license will be mailed to you. Please contact the Probate Court if you have not received your license within 4 weeks of application.
7. You may be fingerprinted at the Lowndes County Sheriff's Department. You may have your name identifier (renewals) searched at the Lowndes County Sheriff's Department or the Valdosta Police Department.

#### **Lowndes County Sheriff's Department (Fees set by individual agencies)**

120 Prison Farm Rd, Valdosta, GA 31601

First Time Applicants -- \$15.00

Renewal Applicants -- \$7.50

Monday -- Friday / 8:30 a.m. -- 3:30 p.m.

(Accepts cash, Master Card, or Visa)

#### **Valdosta Police Department**

**(Fees set by individual agencies)**

500 N. Toombs St., Valdosta, GA 31601

Fee -- \$5.00 -- Monday -- Friday / 8:00 A.M. -- 3:00 P.M.

(Accepts cash, Master Card or Visa)

### **GEORGIA HAS A RECIPROCAL AGREEMENT WITH THE FOLLOWING STATES**

Alabama, Alaska, Arkansas, Arizona, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia\*, West Virginia, Wisconsin\* and Wyoming.

\*Virginia and Wisconsin recognize only those Georgia licenses issued to persons 21 years of age or older; Georgia recognizes all Virginia and Wisconsin licenses.

**Lowndes** 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)

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

If you are not 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.**

Sworn to and subscribed before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_  
Clerk of Probate Court

\_\_\_\_\_  
**APPLICANT’S SIGNATURE**

**FOR COURT USE ONLY:**

On \_\_\_\_\_ the applicant was:  
\_\_\_\_ issued a Weapons Carry License  
\_\_\_\_ denied a Weapons Carry License

\_\_\_\_\_  
Judge/Clerk, Probate Court



## Applicant 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 criminal justice or non-criminal justice 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 (blue) 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.

**Principle 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

# 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.**

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Signature

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Printed Name

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Date