WVSP 44C
Revised 05/2016

WEST VIRGINIA STATE POLICE

APPLICATION FOR PROVISIONAL CONCEALED PISTOL/REVOLVER LICENSE

(This application must be completed in ink or by typewriter)

To the Sheriff of _____ County, I, the below named applicant, swear/affirm, under penalty of law, that the information contained within this application is true and correct to the best of my knowledge.

DATE SUBMITTED: ____/_____/_____ APPLICATION TYPE: ☐Initial ☐Honorably Discharged LEO ☐Sheriff Waived

NAME:_____ CONTACT #: _____
Last First Middle

ADDRESS: _____ _____ _____ _____
Street City State Zip

DOB: _____/_____/_____ SSN: _____-_____-_____ PLACE OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____ ALIEN/ADMISSION #: _____ (If not US citizen)

HT: _____Ft._____In. WT: _____ RACE: _____ SEX: □M □F EYES: _____ HAIR: _____

SCARS, MARKS, AND/OR TATTOOS (Description and location): _____
_____

I am a bona fide resident of _____ county, WV and present the following original, valid WV issued photo ID in support of this assertion (Photocopy of ID must be attached to this application):

☐WV Driver's License# _____ ☐WV Non-Driver's ID #_____ ☐Other (Describe) _____

Answer each of the following questions by checking YES or NO:

QUESTION	YES	NO
1. Are you at least 18 and less than 21 years of age?		
2. Are you addicted to alcohol, a controlled substance or drug, or are you an unlawful user thereof?		
3. Have you been convicted of a felony?		
4. Have you been convicted of an act of violence or an act of Domestic Violence?		
5. Are you under indictment or do you have any criminal charges pending against you?		
6. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision due to a charge of domestic violence as provided for in 61-2-28 of the Code of West Virginia?		
7. Are you the subject of a restraining order as a result of a domestic violence act as defined in 61-2-28 of the Code of West Virginia or subject to a verified petition of domestic violence or subject to a protective order as provided for in 48-2a of the Code of West Virginia?		
8. Have you ever been adjudicated to be mentally incompetent?		
9. Do you have two (2) or more convictions for DUI related offenses?		
10. In the last three (3) years prior to this application, have you been in a residential or court ordered treatment facility for alcoholism and /or alcohol/drug detoxification treatment?		
11. If you are applying for a license to carry a concealed handgun, have you qualified under the minimum requirements for the handling and firing of a handgun as set forth in 61-7-4 of the Code of West Virginia? If **YES**, attach a copy of the certificate of completion to this application. The Sheriff will determine applicability of this section to Retired Law Enforcement Officers and Renewal Applicants.		
12. Are you physically and mentally competent to carry a handgun		

NOTE: If any of questions 2-10 listed above are answered YES, then a brief letter of explanation of each question must accompany this form.

I hereby authorize the Sheriff of _____ County, to conduct an investigation into information contained in this application. Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is a misdemeanor punishable under the provisions of 61-5-2 of the Code of West Virginia.

Applicant's Signature X_____ Date _____

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1. The applicant will complete the form (ink or type) and affix his/her signature which must be witnessed by a notary.
2. The completed form will be presented to the Sheriff of the applicant's resident county accompanied by the required $25.00 application fee.
3. The Sheriff will conduct an investigation relative to the information contained in the application as required by state law. Any request for criminal history information from the State Police will be made using established protocol.
4. Upon completion of the investigation and if a license to carry a concealed pistol/revolver is approved and issued, the applicant will pay to the Sheriff an additional $15.00 fee. The Sheriff will immediately forward to the State Police a certified copy of the approved application and will forward within thirty (30) days the $15.00 fee to the following address:

   Superintendent
   West Virginia State Police
   Attention: Concealed Weapon Registry
   701 Jefferson Road
   South Charleston, WV 25309-1698

NOTE: Provisional license will expire when the Applicant turns 21 years of age.

NOTE: Fees waived for the following officials effective July 1, 2013:

Any justice of the Supreme Court of Appeals of West Virginia; any circuit judge; any retired justice or retired circuit judge designated senior status by the Supreme Court of Appeals of WV; any family court judge; any magistrate; any prosecuting attorney; any assistant prosecuting attorney; or any duly appointed investigator employed by a prosecuting attorney.

NOTE: No application will be accepted without the NICS Transaction Number listed.

NOTE: When forwarding the $15.00 fee to the West Virginia State Police, the Sheriff must provide the name, date of birth and date of application approval for each $15.00 fee remitted.

Applicant Name: _____

Applicant DOB: _____ Phone contact: _____

Subscribed and sworn before me, in said County and State, this the _____ day of _____, 20_____. My commission expires:_____ _____ Notary public signature SEAL: _____ Date application received: _____/_____/_____ Received by: _____ **SHERIFF DEPARTMENT USE ONLY**	***THIS BLOCK TO BE COMPLETED ONLY UPON APPROVAL OF APPLICATION BY SHERIFF*** III Check □YES □NO WV CRIMINAL RECORD CHECK □YES □NO STATE ID No. _____ NICS Check: □ YES □ NO NICS TRANSACTION No. (NTN):_____ **Note: Application will be returned without NTN#** I, _____, Sheriff of _____ County, WV certify this document to be a true and accurate copy of the APPROVED APPLICATION for a Concealed Pistol/Revolver Permit for the person identified herein and have issued a permit as required by law. _____ Signature _____/_____/_____ _____/_____/_____ Approval Date Expiration Date