

APPLICATION FOR GEORGIA 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 _____ Email _____

GA Military Base of non-resident who is active military _____ (attach copy of active duty orders)

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

Have you ever renounced your U.S. citizenship?..... Yes [] No []

If so, attach a copy of the reversal of renunciation.

► If you are not a U.S. Citizen:

- You must show proof of name/address/date of birth/INS number/photo ID.
Identify all countries of citizenship: _____
Attach: (a) documentation of your lawful presence in the United States, for example:

-As to Immigrant Aliens: Resident Alien card, Permanent Resident Card or Immigrant Visa with Adit Stamp; OR

-As to Non-Immigrant Aliens: a Student Visa, Tourist Visa, Employment Authorization Car, or valid Passport with Arrival/Departure Record;

and

(b) proof of residency in the State of Georgia

2. Are you a non-immigrant (temporarily admitted) alien?..... Yes [] No []

If yes, attach proof that you fall within an exemption establishing your eligibility.