

## Gun Permit Application Instructions

The Gibson County Sheriff's Department procedure as it pertains to applications for handgun licenses is as follows:

- 1.) Fill out the enclosed application. Be sure to answer all questions.
- 2.) Return the application to the Gibson County Sheriff's Department, 112 E. Emerson Street, Princeton, IN 47670
- 3.) You will be contacted within five business days when the background investigation is completed. *After you have been contacted, the application will only be held for 30 days. After 30 days, you must start the application process again.*
- 4.) After you have been contacted, come to the Sheriff's Department to finish the application process. Please bring the following:
  - a.) Your drivers license or other picture ID
  - b.) Fees – as shown on page 2 of the application
- 5.) You will be fingerprinted and given the application to be sent to the Indiana State Police.

It could take eight weeks or more to receive your permit.

Office hours are:

Monday	8 AM – 4 PM
Tuesday	8 AM – 4 PM
Wednesday	8 AM – 6 PM
Thursday	8 AM – 4 PM
Friday	8 AM – 4 PM

Closed Saturday, Sunday and Legal Holidays

Gibson County Sheriff's Department  
Application for Handgun License

Please type or print legibly – all questions must be answered.

Date: \_\_\_\_\_

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First, middle, last

Address \_\_\_\_\_ Place of Birth \_\_\_\_\_

City State Zip \_\_\_\_\_ Nationality \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ If Non US Citizen - INS Registration # \_\_\_\_\_

Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Build \_\_\_\_\_ (small, medium, large) Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Do you have any identifying scars, marks or tattoos? If so, describe

\_\_\_\_\_  
\_\_\_\_\_

How long have you been a resident of Indiana? \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Place of employment, and position held \_\_\_\_\_

Business address \_\_\_\_\_  
Address, City State and Zip

Have you previously held an Indiana Handgun License? \_\_\_\_\_

If so, year issued \_\_\_\_\_ License number \_\_\_\_\_

Has your handgun ever been suspended or revoked? \_\_\_\_\_

\*If yes, year suspended and reason \_\_\_\_\_

Have you ever been convicted of ANY CRIMINAL violation including DUI? \_\_\_\_\_

\*If yes, state charges and approximate dates \_\_\_\_\_  
\_\_\_\_\_

(Please answer questions and sign on the reverse side)

Have you ever been treated for emotional or mental illness? \_\_\_\_\_

\*If yes, state year of treatment and submit documentation or recommendation from treating Mental Health Professional or Treatment Center. This documentation is required before the application will be approved by the Sheriff's Department.

Are you prohibited by court order from possession a firearm? \_\_\_\_\_

Type of license requested:

Check One Only		Local Fee	State Fee
	Four Year Hunting & Target	\$10	\$5
	Four Year Personal Protection	\$10	\$30
	Lifetime Hunting & Target / No Current License	\$50	\$25
	Lifetime Hunting & Target / Current Valid License	\$40	\$20
	Lifetime Personal Protection / No Current License	\$50	\$75
	Lifetime Personal Protection / Current Valid License	\$40	\$60
	Retired Law Enforcement Officer	Exempt	Exempt
	Corrections Officer	Exempt	Exempt
	Firearms Dealer	Exempt	Exempt

**When returning to the Sheriff's Department to finalize this application (after five business days), please bring the following:**

**A valid drivers license, or photo identification**

**Local fee as specified above – cash or money order made payable to "Gibson County Sheriff's Department"**

**State fee as specified above – money order or certified check made payable to "State of Indiana"**

Daytime phone number \_\_\_\_\_ Evening phone number \_\_\_\_\_

Please allow five business days for processing at the Sheriff's Department, and at least 16 weeks for your permit to be issued by the Indiana State Police.

\_\_\_\_\_  
Signature of Applicant

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For Office Use Only

Keep copies of all records with application. Initial when completed.

Local \_\_\_\_\_ III \_\_\_\_\_  
BARS \_\_\_ C & A \_\_\_ RMS \_\_\_

Fingerprints \_\_\_\_\_ Approved/Disapproved \_\_\_\_\_  
Contacted to pickup \_\_\_\_\_