



Faulkner County Sheriff's Office

Firearms Background Check

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Full legal name: _____

Address: _____

Driver's License: _____

SSN: _____ Date of Birth _____ Height: _____

Weight: _____ Gender [] Male [] Female Race: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING YES OR NO:

Are you the buyer of the firearm/firearms? [] Yes [] No

Are you under indictment in any court for a felony or other crime for which a judge could imprison you for more than 1 year? [] Yes [] No

Have you been convicted in any court of a felony or any other crime for which the judge could have imprisoned you for more than 1 year? [] Yes [] No

Are you a fugitive from justice? [] Yes [] No

Are you an unlawful user of or addicted to marijuana or any other depressants, stimulants, narcotic drugs, or any other controlled substances? [] Yes [] No

Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others, or are incompetent to manage your own affairs, or have you ever been committed to a mental institution? [] Yes [] No

Are you subject to a court order restraining you from harassing, stalking, or threatening a person and it is unlawful for you to possess a firearm? [] Yes [] No

Have you ever been convicted in any court of a misdemeanor crime of domestic violence?

[] Yes [] No

Are you an alien illegally in the United States? [] Yes [] No

By signing below, you certify that all of the information provided above is true, correct, and complete. You understand that making a false oral or written statement or by exhibiting any false or misrepresented identification with the respects to this transaction, are a crime punishable under Federal Law and may violate State and Local Laws.

Signed: _____ Date: _____