Date

## Concealed Weapon Additional Information Sheet

Last Name(current)	First Name	
Middle Name (at birth)	Maiden Name	
List any former last names in these boxes:		
Place of Birth (County, State/ or other County)		
*If not born in the United States,you'll need to be on a Military base, please note that)*	ring in your valid US passpo	ort or Citizenship papers (if born
How Long Have You Lived in Gaston County?		
Are You Under any Domestic Violence Orders?		
Military Status- Branch	Discharge Date	Discharge Type
Have you had a conviction for a DWI in the last 3 years?		
If yes, what state(s)did the DWI occur in?		
Have you ever been a patient in a Mental Institution city/state below.	on? *If yes, pleas	se list the name of facility and the