

**GEORGIA BOARD OF PRIVATE DETECTIVES
& SECURITY AGENCIES**
237 Coliseum Drive
Macon, GA 31217
404-424-9966
www.sos.ga.gov/plb

DO NOT WRITE IN THIS SECTION

RECEIPT # _____

AMOUNT \$ _____

APPLICANT # _____

INITIAL _____ DATE _____

APPLICATION FOR WEAPON PERMIT - \$25.00 + \$10.00 processing fee (non-refundable)

REASON FOR THIS APPLICATION:

INITIAL APPLICATION FOR A WEAPON PERMIT

CHANGE WEAPON TYPE ON MY CURRENT PERMIT
(check this box to request a change from exposed to concealed permit)

ADD A WEAPON TYPE TO MY CURRENT PERMIT

TYPE OF WEAPON APPLIED FOR:

Exposed Handgun

Concealed Handgun

Shotgun

Employee Name: First, Middle, Last

Registration #: _____
*for change applications only

COMPANY AFFILIATION

Company Name

Company License # (required)

Address (Street, Suite #)

City

State

Zip Code

Company Phone #

TRAINING INFORMATION

PLACE & DATE OF CLASSROOM INSTRUCTION

INSTRUCTOR

LICENSE NO.

PLACE & DATE OF FIREARMS INSTRUCTION

INSTRUCTOR

LICENSE NO.

BOARD RULE 509-4-.01(1) & (2) WEAPONS. AMENDED.

(1) No person licensed by the board to carry a firearm shall carry any firearm which is not in operable condition and capable of firing live ammunition, and when carrying such a weapon, the licensee shall have on his person live ammunition capable of being fired in the weapon which he carries.

(2) No person licensed or registered by the board to provide security services shall carry a firearm while performing services for a private security agency or in-house security agency except while providing actual security services or while going directly to and from work (no stopovers allowed en route to or from work). Under no condition will a licensee, registrant or any other employee or agent of a licensee carry any sort of firearm or have anyone accompanying them who is carrying a firearm while soliciting new or prospective clients.

TRAINING AFFIDAVITS

I have read Board Rule 509-4-.01(1) & (2) and understand my responsibility to abide by the mandates of the rule. If granted a permit, I shall wear the firearm in the manner prescribed by law.

_____ DATE _____ SIGNATURE OF THE APPLICANT

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

I declare that the above employee is qualified to carry a firearm by reason of having received classroom instruction in the use of firearms by a board-approved instructor, having received firearm range instruction, and having passed the Standard Practical Pistol Course.

_____ DATE _____ SIGNATURE AND TITLE OF THE EMPLOYER

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

EMPLOYER REQUEST FOR CONCEALED HANDGUN PERMIT

This form must be completed by the employer and accompanied by an application for a concealed handgun permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed handgun must be made, with complete justification in support of the request.

TO: Georgia State Board of Private Detective & Security Agencies

FROM: _____
Print Name of License Holder for the Company

Company Name and License Number

RE: Request for Concealed Handgun Permit

I hereby make request for a concealed handgun permit to be issued to _____.
Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a handgun in a concealed manner:

I certify and declare that the information presented in this request for a concealed handgun permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a concealed handgun in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for concealed handgun permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE

EMPLOYER REQUEST FOR SHOTGUN PERMIT

This form must be completed by the employer and accompanied by an application for a shotgun permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a shotgun must be made, with complete justification in support of the request.

I hereby make request for a shotgun permit to be issued to _____.
Print Name of Employee

I have detailed below the specific duties that the employee will be assigned, along with complete justification of the necessity of carrying of a shotgun:

I certify and declare that the information presented in this request for a shotgun permit is a true description of the actual job duties that are or will be assigned to the above-named employee and a true representation of the facts in support of the necessity for carrying a shotgun in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for shotgun permit will be grounds for disciplinary action by the Board up to and including revocation of my license.

STATE OF GEORGIA
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

SIGNATURE OF THE LICENSE HOLDER

DATE

Firearms Qualification Range Form

Date of Qualification: _____ Mobile Phone: _____

Full Name: _____

Address: _____

Email Address: _____

Company Name: _____

Employee Registration # _____ OR New Application

Type of Weapon: Semi-Automatic Revolver Shotgun

Weapon Information: (Make, Model, and Caliber) _____

Range Score: Pass Fail Score = _____

PASS indicates a minimum passing score of 80% or more on the firearms qualification course

I certify that the above-named participant has satisfactorily completed the prescribed training as set forth in the Georgia Board of Private Detective and Security Agencies Rules 509-3, as it relates to range qualification. To the best of my knowledge, all information contained herein is true and correct.

Instructor's Name: _____ Instructor's License # _____

Instructor's Signature: _____ Date of Signature: _____

This form does not authorize the carry of any firearm without the specific approval and issuance of a weapons permit by the Georgia Board of Private Detective and Security Agencies.