

**Please print out and email the following, along with your receipt, to Trades3@sos.ga.gov**

**APPLICANT NAME**  
(Print clearly)

**APPLICANT TRACKING CODE**  
(Found on receipt page)

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**WEAPON PERMIT INFORMATION**  
(SUBMIT ONLY IF APPLYING FOR A WEAPON PERMIT)

**TYPE OF WEAPON (CHECK ALL THAT APPLY):**

EXPOSED HANDGUN       CONCEALED HANDGUN       SHOTGUN

**\*\*Concealed handgun and Shotgun permits require a signed notarized request from your employer.**

**FIREARMS INSTRUCTION**

- ATTACH A COPY OF YOUR CLASSROOM INSTRUCTION CERTIFICATE
- ATTACH A COPY OF YOUR FIREARMS CERTIFICATE AND RANGE SCORES

**AFFIDAVIT OF EMPLOYER**

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 Firearm Training Curriculum for Handguns as required in Rule 509-3-.10.

\_\_\_\_\_  
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: \_\_\_\_\_

**APPLICANT NAME**  
(Print clearly)

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**EMPLOYER REQUEST FOR CONCEALED PERMIT FOR EMPLOYEE**

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 License Number

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 \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE LICENSE HOLDER

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE

**APPLICANT NAME**  
(Print clearly)

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**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.

TO : Georgia State Board of Private Detective & Security Agencies

FROM : \_\_\_\_\_  
Print Name of License Holder for the Company

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
License Number

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 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE LICENSE HOLDER

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_  
DATE

NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

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**Firearms Qualification Range Form**

Date of Qualification: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Employee Registration # \_\_\_\_\_ OR  New Application

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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***

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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.**