

**GEORGIA BOARD OF PRIVATE DETECTIVES  
 & SECURITY AGENCIES**  
 237 Coliseum Drive  
 Macon, GA 31217  
 478.207.2440  
 www.sos.ga.gov/plb/detective

<b>DO NOT WRITE IN THIS SECTION</b>	
RECEIPT # _____	
AMOUNT \$ _____	
APPLICANT # _____	
INITIAL _____	DATE _____

**APPLICATION FOR WEAPON PERMIT - \$25.00 FEE**

**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
  Concealed
  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 WEAPON PERMIT**

This form must be completed by the employer and accompanied by an application for a concealed weapon permit for the referenced employee. A detailed description of the duties of the employee and the need for the employee to carry a concealed weapon 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 Weapon Permit

I hereby make request for a concealed weapon 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 weapon in a concealed manner:

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

I certify and declare that the information presented in this request for a concealed weapon 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 weapon in the performance of these duties. I understand that any intentional misrepresentation of the facts in support of this application for concealed weapon 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  
\_\_\_\_\_  
DATE

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

**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