

Neil A. Miller  
Sheriff



Daniel J. Schleusener  
Chief Deputy

## BUFFALO COUNTY OFFICE OF THE SHERIFF

2025 Avenue A • P.O. Box 2228  
Kearney, Nebraska 68848  
Phone (308) 236-8555



### Instructions to Complete Handgun Purchase Permit

#### Handgun Purchase Permit Requirements

- Must be 21 years or older to apply for permit
- Must be a Buffalo County resident
- Nebraska ID with current address listed
- 3 total years of address history required on application
- If more space is needed for addresses, use the back of the application
- Write the date & time at the top of application upon completion
- Answer the non-immigrant alien question (if you are a US citizen check Non-Applicable)
- Each box/question must be answered
- Incomplete applications will be denied
- Complete included Contact Form listing all additional names used, including maiden names, and preferred phone number for contact

#### Mailing instructions - Enclose the following:

- Application must be signed & dated at the bottom of application in the presence of a Notary Public
- \$5.00 Cash, Pay Pal, or Money Order (made out to Buffalo County.
- **NO CHECKS**
- Completed Contact Form
- Photocopy of required identification document(s)
- Include a self-addressed stamped envelope for permit to be mailed back to applicant. Must be same address as on identification.
- Mail all above listed items to:

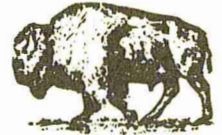
Buffalo County Sheriff  
ATTN: Records/Gun Permits  
PO Box 2228  
Kearney, NE 68848

Required Identification Documentation is listed on the following page

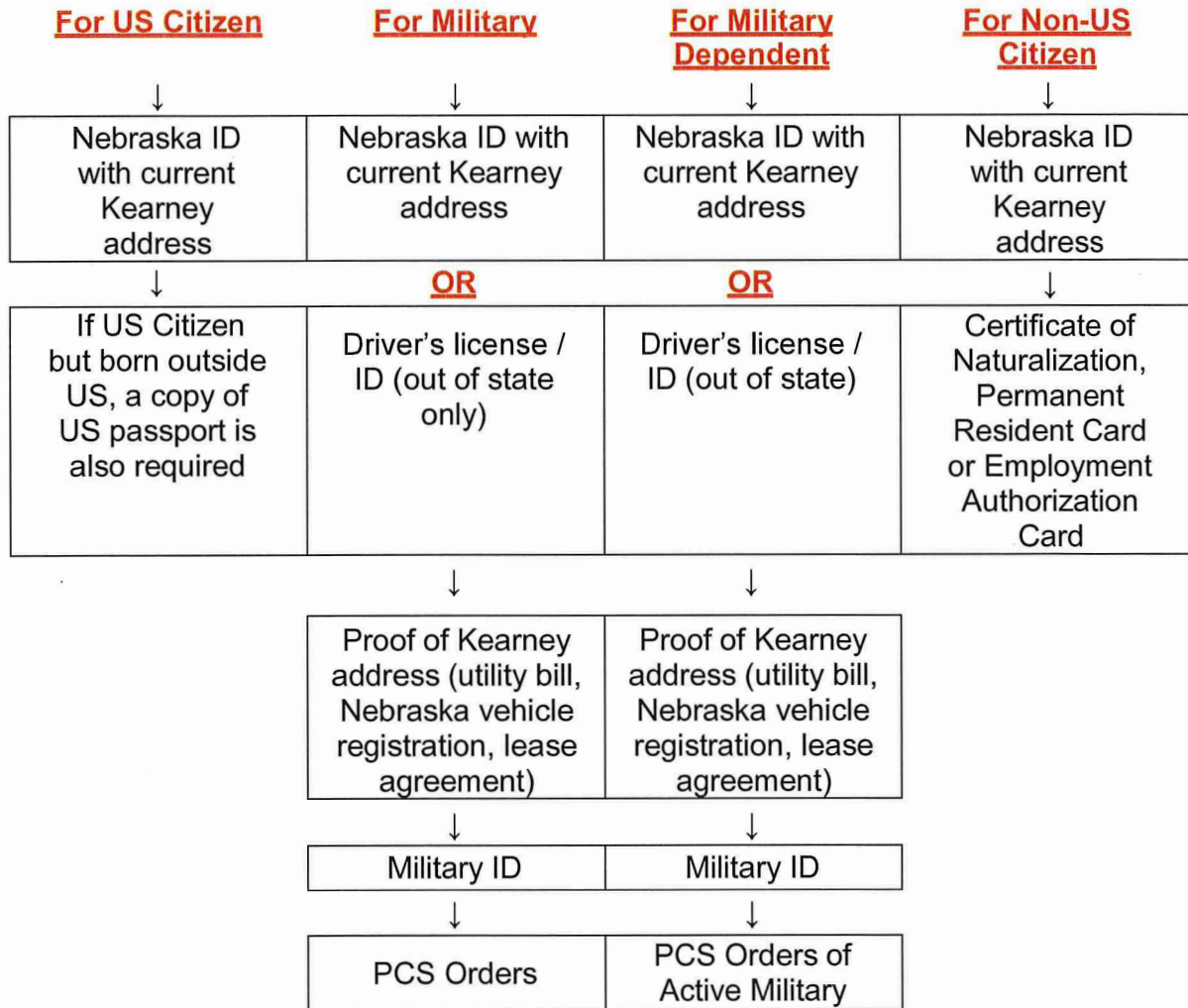


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## Required Identification Document(s) Needed:



**No substitutions for documents will be accepted**

Supplemental Information

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ OLN: \_\_\_\_\_

OTHER LAST NAMES USED: \_\_\_\_\_  
\_\_\_\_\_

# STATE OF NEBRASKA

## APPLICATION TO PURCHASE, LEASE, RENT, OR RECEIVE TRANSFER OF FIREARM

DATE AND TIME RECEIVED:				CERTIFICATE APPROVAL NUMBER:			
APPLICANTS NAME (Last, First, Middle)(Print/Type):				SSN: (Voluntary)			
RESIDENCE ADDRESS (No., Street, City, County, State, Zip):				How long at this address?			
PREVIOUS ADDRESS: (City, County, State)				How long at this address?			
DATE OF BIRTH: MM/DD/YY	PLACE OF BIRTH:	SEX: M F	HEIGHT:	WEIGHT:	RACE:	APPLICANT 21 OR OLDER: YES NO	
COUNTRY OF CITIZENSHIP: (List all that are applicable)			If not a citizen of the U.S., list your ICE-issued alien or admission number:				
ALIENS ONLY: (Types and dates of additional required identification e.g., utility bills or lease agreements, etc.)							
MADE APPLICATION FOR PERMIT BEFORE? Yes No			IF YES, HOW MANY TIMES?			PAID \$5 FEE: Yes No	
TYPE OF IDENTIFICATION: <input type="checkbox"/> MVD Operator's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Military Card							
CERTIFICATION OF APPLICANT - An untruthful answer may subject you to criminal prosecution. Circle "Yes" or "No" to answer the following questions.							
Are you under indictment or information in any court for a felony, or any other crime for which the judge could imprison you for more than one year? (An information is a formal accusation of a crime by a prosecutor. An indictment is from a grand jury.)						YES NO	
Have you been convicted in any court of a felony, or any other crime, for which a judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (A "yes" answer is not required if you have been pardoned for a the crime and under the law where the conviction occurred, you are not prohibited from receiving or possessing any firearm.)						YES NO	
Are you a fugitive from justice?						YES NO	
Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?						YES NO	
Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?						YES NO	
Have you been discharged from the Armed Forces under dishonorable conditions?						YES NO	
Are you an alien illegally in the United States?						YES NO	
Have you ever renounced your United States citizenship?						YES NO	
Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?						YES NO	
Have you been convicted in any court of a misdemeanor crime of domestic violence?						YES NO	
Are you an alien admitted to the United States under a nonimmigrant visa?						YES NO	
ANY RESTRICTIONS BY LOCAL ORDINANCES?						YES NO	
If you are a nonimmigrant alien, do you fall with any of the exceptions set forth in 18 U.S.C. § 922(y)(2)? YES ___ NO ___ NOT APPLICABLE ___ (If "YES," the licensee must complete the following question.)							
Type of documentation provided showing an exception to the nonimmigrant alien prohibition (e.g., hunting license/permit; diplomatic status; etc.) _____							
I hereby certify that the answers to the above are true and correct. I also understand that the making of any false, oral or written statements or the exhibiting of any false or misrepresented identification with respect to this transaction is a crime punishable as a FELONY.							
Applicant's signature				Date			

\*\*\*\* IF MAILING APPLICATION COMPLETE THE APPROPRIATE BLOCK ON THE REVERSE SIDE OF THIS FORM \*\*\*\*

\*\*\*\* FOR USE ONLY IF APPLICATION IS MAILED \*\*\*\*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_ (applicant), known by me to be the person named as the  
applicant in the application.

Notary Signature \_\_\_\_\_ Seal \_\_\_\_\_ County \_\_\_\_\_

\*\*\*\* FOR APPROVING OFFICIAL ONLY \*\*\*\*

REASON FOR DENIAL OF CERTIFICATION:

CERTIFICATE APPROVED BY:

\*\* TO BE COMPLETED UPON RECEIPT OF FIREARM PERMIT \*\*

I hereby certify that the answers I provided to the questions on the front of this application are still true and correct. I further certify that the issuing agency has provided me with the appropriate documentation of my firearm permit.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

October 2015

