



## Consent Form for Criminal Record Check For Petitioner Seeking Restoration of Firearms Rights

( Statutory Authority: N.C.G.S. §§ [14-415.4](#), [114-19.28](#) )

1. I authorize and consent to the North Carolina State Bureau of Investigation's use of my fingerprints and other identifying information to perform a search of the State and National criminal history record file databases for any criminal history information contained therein on me. I further authorize and consent to the North Carolina State Bureau of Investigation forwarding my consent form, fingerprints, and other information to the Federal Bureau of Investigation for a search of the National criminal history databases.
2. I understand that the North Carolina State Bureau of Investigation will mail a copy of this form and the results of the search to the Clerk of Superior Court of the North Carolina County in which I reside.
3. I understand that I will not be provided a copy of these results.
4. I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information for the above purpose, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.
5. I understand that the following items are required for completion of my request:
  - A. Completed **Firearms – Restoration of Rights Consent Form**. Please make a copy for personal records and ensure original is submitted as directed below. ([N.C.G.S. §14-415.4](#))
  - B. **Complete set of fingerprints** on an FD-258 applicant fingerprint card.
  - C. **\$38.00** processing fee for completing this request. ([N.C.G.S. §114-19.28](#))  
The fee must be in the form of a certified check or money order made payable to NC State Bureau of Investigation.

◆ **NO PERSONAL CHECKS WILL BE ACCEPTED.** ◆

6. All items (A–C) are to be mailed **by the Sheriff's Office** to:
 

NC SBI  
ATTN: CIIS—CCH/NICS UNIT  
3320 GARNER ROAD  
RALEIGH, NC 27626

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

( PLEASE TYPE OR PRINT CLEARLY )

Last Name	First Name	Middle Name	Maiden Name
Any other Names, Nicknames or Aliases		SSN* (optional)	
Date of Birth	Gender	Race	NC County of Residence
Phone Number	Date Filed Petition with Court		
* Disclosure of social security number is voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.			

*FBI CJIS policy requires this form be maintained on file by the Clerk of Superior Court for one year.*