



MISSISSIPPI  
DEPARTMENT OF PUBLIC SAFETY  
SECURITY GUARD PERMIT APPLICATION



SECURITY GUARD GUN PERMIT INSTRUCTIONS  
FIRST TIME AND RENEWAL

1. Complete the First time/Renewal application for a Security Guard gun permit and have it notarized. Attach a photograph to the application. (Photograph must be no more than 30 days of application.)
2. Complete the Domestic Violence Affidavit and Authority to Release Information forms and have them notarized. Applicants not born in the United States must complete and notarize the affidavit on page eleven (11).
3. Once the application is completed and notarized, the individual making the application must bring it to the Department of Public Safety Headquarters in Jackson or a Mississippi Highway Patrol District Substation in Greenwood, Batesville, New Albany, Starkville, Meridian, Hattiesburg, Biloxi or Brookhaven on the days and times indicated on the attached schedule.
4. The fee for a Security Guard Permit is \$132.00. The permit renewal fee is \$82.00 (\$50 permit fee, \$32 fingerprint processing fee). The Security Guard Permit Renewal Fee for a retired Law Enforcement Officer is \$32.00. This fee may be paid with one of the following methods: (1) CASH; (2) DEBIT CARD; (3) MASTERCARD; (4) VISA. Cashier's Check should be made payable to the Mississippi Department of Public Safety.

**INSTRUCTIONS MUST BE FOLLOWED AND THE APPLICATION MUST BE COMPLETE OR IT WILL BE RETURNED WITHOUT BEING PROCESSED.**

Completed packets are processed on Mondays or Thursdays from 8:00 am to 4:30 pm at the Firearm Permit Division in Jackson. Other processing locations and times are listed on page 2.

If you have any questions, please contact the Firearm Permit Division at (601) 987-1593 or go to [www.dps.state.ms.us](http://www.dps.state.ms.us) and for reference our fax number is (601) 987-1547.

## Hours of Operation

### Jackson Headquarters

1900 E. Woodrow Wilson Jackson, MS 39205 {601} 987-1593

Monday & Thursday	Tuesday & Wednesday	Friday
Security Guard Permits	Firearm Permits	Fingerprints & Enhanced Endorsements
8:00 a.m. – 4:30 p.m.	8:00 a.m. – 4:30 p.m.	8:00 a.m. – 4:30 p.m.

### Troop D

1301 Cypress Avenue Greenwood, MS 38930 {662} 453-4515

#### Wednesday

Firearm Permits & Security Guard Permits  
8:00 a.m. – 3:00 p.m.

### Troop E

22000 A Hwy 35 N Batesville, MS 38606 {662} 563-6400

#### Monday & Tuesday

Firearm Permits & Security Guard Permits  
Morning Hours - 8:00 a.m. – 11:30 a.m. Afternoon Hours 1:00 p.m. – 3:30p.m.

### Troop F

1103 Bratton Road New Albany, MS 38652 {662} 534-8619

#### Wednesday & Thursday

Firearm Permits & Security Guard Permits  
Morning Hours - 8:00 a.m. – 11:30 a.m. - Afternoon Hours - 1:00 p.m. – 3:30 p.m.

### Troop G

987 Hwy 182 E Starkville, MS 39759 {662} 323-5316

Thursday - Firearm Permits & Security Guard Permits  
8:00 a.m. – 11:30 a.m.

### Troop H

910 Hwy 11/80 E Meridian, MS 39301 {601} 693-1926

Monday - Firearm Permits & Security Guard Permits  
8:00 a.m. – 11:30 a.m.

### Troop J

36 J M Tatum Ind. Dr. Hattiesburg, MS 39401 {601} 582-4744

Monday - Wednesday - Firearm Permits & Security Guard Permits  
8:00 a.m. – 11:30 a.m.

### Troop K

16741 Hwy 67 S Biloxi, MS 39532 {228} 396-7400

Monday – Thursday - Firearm Permits & Security Guard Permits  
Morning Hours - 8:00 a.m. – 11:00 a.m. - Afternoon Hours - 1:00 p.m. – 3:00 p.m.

### Troop M

160 Hwy 84 E Brookhaven, MS 39601 {601} 833-0808

Monday - Firearm Permits & Security Guard Permits  
8:00 a.m. – 11:30 a.m.

TITLE 97. CRIMES  
CHAPTER 37. WEAPONS AND EXPLOSIVES  
GENERAL PROVISIONS

Miss. Code Ann. § 97-37-7 (2015)

§ 97-37-7. Deadly weapons; persons permitted to carry weapons; bond; permit to carry weapon; grounds for denying application for permit; required weapons training course; reciprocal agreements

(1) (a) It shall not be a violation of Section 97-37-1 or any other statute for pistols, firearms or other suitable and appropriate weapons to be carried by duly constituted bank guards, company guards, watchmen, railroad special agents or duly authorized representatives who are not sworn law enforcement officers, agents or employees of a patrol service, guard service, or a company engaged in the business of transporting money, securities or other valuables, while actually engaged in the performance of their duties as such, provided that such persons have made a written application and paid a nonrefundable permit fee of One Hundred Dollars (\$ 100.00) to the Department of Public Safety.

(b) No permit shall be issued to any person who has ever been convicted of a felony under the laws of this or any other state or of the United States. To determine an applicant's eligibility for a permit, the person shall be fingerprinted. If no disqualifying record is identified at the state level, the fingerprints shall be forwarded by the Department of Public Safety to the Federal Bureau of Investigation for a national criminal history record check. The department shall charge a fee which includes the amounts required by the Federal Bureau of Investigation and the department for the national and state criminal history record checks and any necessary costs incurred by the department for the handling and administration of the criminal history background checks. In the event a legible set of fingerprints, as determined by the Department of Public Safety and the Federal Bureau of Investigation, cannot be obtained after a minimum of three (3) attempts, the Department of Public Safety shall determine eligibility based upon a name check by the Mississippi Highway Safety Patrol and a Federal Bureau of Investigation name check conducted by the Mississippi Highway Safety Patrol at the request of the Department of Public Safety.

(c) A person may obtain a duplicate of a lost or destroyed permit upon payment of a Fifteen Dollar (\$ 15.00) replacement fee to the Department of Public Safety, if he furnishes a notarized statement to the department that the permit has been lost or destroyed.

(d) (i) No less than ninety (90) days prior to the expiration date of a permit, the Department of Public Safety shall mail to the permit holder written notice of expiration together with the renewal form prescribed by the department. The permit holder shall renew the permit on or before the expiration date by filing with the department the renewal form, a notarized affidavit stating that the permit holder remains qualified, and the renewal fee of Fifty Dollars (\$ 50.00); provided, however, that honorably retired law enforcement officers shall be exempt from payment of the renewal fee. A permit holder who fails to file a renewal application on or before its expiration date shall pay a late fee of Fifteen Dollars (\$ 15.00).

(ii) Renewal of the permit shall be required every four (4) years. The permit of a qualified renewal applicant shall be renewed upon receipt of the completed renewal application and appropriate payment of fees.

(iii) A permit cannot be renewed six (6) months or more after its expiration date, and such permit shall be deemed to be permanently expired; the holder may reapply for an original permit as provided in this section.

(2) It shall not be a violation of this or any other statute for pistols, firearms or other suitable and appropriate weapons to be carried by Department of Wildlife, Fisheries and Parks law enforcement officers, railroad special agents who are sworn law enforcement officers, investigators employed by the Attorney General, criminal investigators employed by the district attorneys, all prosecutors, public defenders, investigators or probation officers employed by the Department of Corrections, employees of the State Auditor who are authorized by the State Auditor to perform investigative functions, or any deputy fire marshal or investigator employed by the State Fire Marshal, while engaged in the performance of their duties as such, or by fraud investigators with the Department of Human Services, or by judges of the Mississippi Supreme Court, Court of Appeals, circuit, chancery, county, justice and municipal courts, or by coroners. Before any person shall be authorized under this subsection to carry a weapon, he shall complete a weapons training course approved by the Board of Law Enforcement Officer Standards and Training. Before any criminal investigator employed by a district attorney shall be authorized under this section to carry a pistol, firearm or other weapon, he shall have complied with Section 45-6-11 or any training program required for employment as an agent of the Federal Bureau of Investigation. A law enforcement officer, as defined in Section 45-6-3, shall be authorized to carry weapons in courthouses in performance of his official duties. A person licensed under Section 45-9-101 to carry a concealed pistol, who (a) has voluntarily completed an instructional course in the safe handling and use of firearms offered by an instructor certified by a nationally recognized organization that customarily offers firearms training, or by any other organization approved by the Department of Public Safety, (b) is a member or veteran of any active or reserve component branch of the United States of America Armed Forces having completed law enforcement or combat training with pistols or other handguns as recognized by such branch after submitting an affidavit attesting to have read, understand and agree to comply with all provisions of the enhanced carry law, or (c) is an honorably retired law enforcement officer or honorably retired member or veteran of any active or reserve component branch of the United States of America Armed Forces having completed law enforcement or combat training with pistols or other handguns, after submitting affidavit attesting to have read, understand and agree to comply with all provisions of Mississippi enhanced carry law shall also be authorized to carry weapons in courthouses except in courtrooms during a judicial proceeding, and any location listed in subsection (13) of Section 45-9-101, except any place of nuisance as defined in Section 95-3-1, any police, sheriff or highway patrol station or any detention facility, prison or jail. For the purposes of this subsection (2), component branch of the United States Armed Forces includes the Army, Navy, Air Force, Coast Guard or Marine Corps, or the Army National Guard, the Army National Guard of the United States, the Air National Guard or the Air National Guard of the United States, as those terms are defined in Section 101, Title 10, United States Code, and any other reserve component of the United States Armed Forces enumerated in Section 10101, Title 10, United States Code. The department shall promulgate rules and regulations allowing concealed pistol permit holders to obtain an endorsement on their permit indicating that they have completed the aforementioned course and have the authority to carry in these locations. This section shall in no way interfere with the right of a trial judge to restrict the carrying of firearms in the courtroom

(3) It shall not be a violation of this or any other statute for pistols, firearms or other suitable and appropriate weapons, to be carried by any out-of-state, full-time commissioned law enforcement officer who holds a valid commission card from the appropriate out-of-state law enforcement agency and a photo identification. The provisions of this subsection shall only apply if the state where the out-of-state officer is employed has entered into a reciprocity agreement with the state that allows full-time commissioned law enforcement officers in Mississippi to lawfully carry or possess a weapon in such other states. The Commissioner of Public Safety is authorized to enter into reciprocal agreements with other states to carry out the provisions of this subsection.

**MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY STATEWIDE  
SECURITY GUARD WEAPON PERMIT**

(ATTACH PHOTO HERE)

FIRST TIME APPLICANT  RENEWAL APPLICANT

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED, and all supporting documents are attached, including a current photo, if paying in person, you may pay with Cash, Debit Card, MasterCard, Visa or Cashier's Check made payable to the Mississippi Department of Public Safety. First time Security Guard Weapon Permit fee is \$132.00. Renewal fee is \$82.00. The Security Guard Weapon Permit Renewal fee for a Retired Law Enforcement Officer is \$32.00.

NAME LAST	FIRST	MIDDLE	DRIVERS LICENSE NUMBER	STATE	
RESIDENCE ADDRESS STREET	CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS STREET	CITY	COUNTY	STATE	ZIP CODE	
DATE OF BIRTH	SEX	RACE	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER

Pursuant of Section 97-37-7, Mississippi Code of 1972, to be issued a Statewide Security Guard Gun Permit, that is valid while actively engaged in the performance of your duties, you must be one or more of the following: [Please check the appropriate box or boxes.]

- |  |  |
|--|--|
| <input type="checkbox"/> Duly constituted Bank Guard | <input type="checkbox"/> Watchman                        |
| <input type="checkbox"/> Railroad Special Agent      | <input type="checkbox"/> Employee of a Patrol Service    |
| <input type="checkbox"/> Guard Service               | <input type="checkbox"/> Company engaged in the business |
| <input type="checkbox"/> Company Guard               |  |

**AFFIDAVIT**

THIS APPLICATION AND REQUIRED SUPPORTING DOCUMENTS ARE EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY DOCUMENT SUBJECTS THE APPLICANT TO CRIMINAL PROSECUTION UNDER MISSISSIPPI STATUTES AND DENIAL OF A STATEWIDE SECURITY GUARD WEAPON PERMIT.

STATE OF MISSISSIPPI COUNTY OF \_\_\_\_\_

BEFORE ME ON THIS DAY PERSONALLY APPEARED \_\_\_\_\_ who, being duly sworn, deposes and says I DO SWEAR OR AFFIRM THAT the information contained in this application and all attached supporting documents are true and correct to the best of my knowledge.

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

Sworn to and subscribed before me, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Missis

## QUALIFYING QUESTIONNAIRE FOR ALL APPLICANTS

<input type="checkbox"/> YES	<input type="checkbox"/> NO	1. Are you a United States Citizen? ➤ <i>If No, see page 18</i>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	2. Have you been a resident of Mississippi for one (1) year immediately preceding the date of this application?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	3. Are you eligible to own, possess, or receive a firearm under the provisions of state or federal law?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	4. Have you ever been convicted of a felony offense or misdemeanor crime of domestic violence? ➤ <i>Failure, to acknowledge a conviction may be interpreted as making a false statement</i>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	5. Do you have any criminal charges pending? ➤ <i>Failure, to acknowledge a conviction may be interpreted as making a false statement</i>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	6. Are you presently on parole or probation for a criminal offense pending trial, appeal, or sentencing for a crime which would permit you from obtaining a Mississippi Firearms Permit or Mississippi Security Guard Permit?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	7. Have you ever received a pardon or expungement for a felony criminal offense?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	8. Have you ever been found guilty of, or entered a plea of guilty or nolo contendere to any criminal / felony charge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	9. Are you suffering from any mental or physical infirmity due to disease, illness, which could prevent the safe handling of a handgun?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	10. Are you an individual who chronically or habitually abused controlled substances?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	11. Have you ever been committed involuntarily, or voluntarily admitted to any treatment facility, institution, or hospital for the abuse of a controlled dangerous substance?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	12. Have you been committed to a mental institution or mental health treatment facility within the five years prior to the date of this application?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	13. Have you ever been hospitalized for any form of mental illness or infirmity? SEC.45-9-101 2 (h)(i)(j) ➤ <i>If Yes, attach documentation from treating mental health professional / treatment center</i>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	14. Have you ever been adjudicated mentally incompetent?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	15. Have you ever been denied a concealed handgun permit or had a permit suspended or revoked?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	16. Do you currently hold a valid or expired handgun / security guard permit?
If you answered, "YES," to questions 3-16, provide details below and attach any applicable disposition, pardon or expungement orders.		
<b>MILITARY SERVICE</b>		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	17. Have you ever served in the United States Armed Forces?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	18. Are you currently serving in the United States Armed Forces?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	19. If Discharged indicate the type of discharge. _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	20. Have you ever been dishonorably discharged from the United States Armed Forces? _____ ➤ <i>If Yes, attach documentation</i>
➤ <i>If you answered "YES." to questions 17-20, provide details below and attach discharge documentation if applicable.</i>		

**AFFIDAVIT OF FACT**

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Affiant's Name (Printed)

\_\_\_\_\_  
Affiant's Address (Printed)

I, \_\_\_\_\_, having been duly sworn, depose and say that I have read the foregoing application, and the contents thereof, and do hereby certify that my responses and information contained within this application are true and correct and they are an accurate account of the requested information. In addition, I have also read, understand, and agree to comply with the statutes contained in Mississippi Code 45-9-101, 97-37-7, and 97-3-15. I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of a permit. Any person who knowingly submits a false answer to any question on an application for a license, or who knowingly submits a false document when applying for a license issued pursuant to Section 45-9-101, shall upon conviction, be guilty of a misdemeanor and shall be punished as provided in Section 99-19-31, Mississippi Code of 1972.

\_\_\_\_\_  
Affiant's Signature

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Print, Type, or Stamp Name of Notary Public

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

## AUTHORITY TO RELEASE INFORMATION

Please read the following release form carefully and enter your name, signature and date in the designated spaces.

THIS FORM MUST BE NOTARIZED

TO WHOM IT MAY CONCERN:

Having made application for a firearm permit to the Mississippi Department of Public Safety and desiring them to be informed of my past record and character, whether it be military, medical, judicial, or personal reference, I, the undersigned, being under no disability whatsoever, hereby authorize the release of all such information , privileged or otherwise, to the Mississippi Department of Public Safety and its representatives, and release all contributing parties such information from any changes or liability whatsoever because of furnishing said information. I further understand that this release will only be used to obtain information for the purpose of determining my eligibility for a Mississippi Concealed Carry Firearm Permit.

This release shall be and remain valid from the date of execution until the expiration or revocation of any concealed carry firearm permit issued to me pursuant to this application, or until my application for a concealed carry firearm permit has been denied pursuant to a final judicial decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named \_\_\_\_\_, who acknowledged to me that he/she signed and delivered the above foregoing waiver on the date therein mentioned and for the purpose therein expressed.

Given under my hand and seal of this office, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Mississippi

My Commission Expires \_\_\_\_\_

## DOMESTIC VIOLENCE AFFIDAVIT

The law. Title 18, U.S.C., Section 922 (g) (9) makes it against the law for anyone who has been convicted of a misdemeanor crime of domestic violence to possess any firearm or ammunition. "Misdemeanor crime of domestic violence" is generally defined as any offense-whether or not explicitly described in a statute as a crime of domestic violence – which has, as its factual basis, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent, or guardian. As defined in the Gun Control Act, a misdemeanor crime of domestic violence means an offense that:

- (1) Is a misdemeanor under federal or state law; and
- (2) Has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

The law further provides that a person shall not be considered to have been convicted of such an offense for purposes of this chapter, unless:

- (1) the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and
- (2) in the case of a prosecution for an offense described in the paragraph for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either the case was tried by a jury, or the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

The law further states that "A person shall not be considered to have been convicted of such an offense for purposes of this chapter if the conviction has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored... unless the pardon, expungement or restoration of civil rights expressly provides that the person may not ship, transport, possess or receive firearms."

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE WITHIN THE MEANING OF THE STATUTE?**      YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "yes" to this question, please provide the following information with respect to the conviction:

Court/Jurisdiction \_\_\_\_\_  
Docket/Case Number \_\_\_\_\_  
Statute/Charge \_\_\_\_\_  
Date Sentenced \_\_\_\_\_

*(Note: Any person who makes any false affidavit or knowingly swears or affirms falsely to any matter or thing required by the terms of this application to be sworn to or affirmed, is guilty of perjury and upon conviction, shall be punishable by fine or imprisonment for a term not exceeding ten years.)*

I hereby certify that, to the best of my information and belief, all of the information provided by me in this rider is true, correct, complete and made in good faith. I understand that false or fraudulent information provided herein is criminally punishable pursuant to federal and state law.

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

Signature

Date: \_\_\_\_\_

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_, who being duly sworn, deposes and says that the information contained in this rider is true and correct to the best of his/her knowledge.

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Mississippi

**RIDER TO ALL FIREARM PERMIT APPLICATIONS**

**(To be completed by all applicants NOT BORN in the United States)**

**Prohibitions Applicable to Certain Aliens**

Federal law makes it unlawful for aliens who are *illegally* or *unlawfully* in the United States to receive or possess firearms. In addition, subject to certain exceptions, aliens who are non-immigrant status are prohibited from possessing or receiving firearms in the United States. A non-immigrant alien is not subject to this prohibition if the alien (1) is in possession of a valid hunting license or permit lawfully issued in the United States; (2) is an official representative of a foreign government who is accredited to the United States or his or her government’s mission to an international organization having its headquarters in the United States; or (3) has received a waiver from the prohibition from the Attorney General of the United States. See 18 U.S.C. 992(y)(2) for additional exceptions. In order to determine whether applicants who are not U.S. citizens are prohibited from possessing firearms under Federal law, it is necessary to obtain answers to the following questions.

1. Name of Applicant \_\_\_\_\_

2. Place of Birth (City and Country) \_\_\_\_\_

3. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

*If the answer to Question 3 is “yes,” please provide your Certificate of Naturalization, Birth Certificate of U.S. Citizen Born Abroad Questions 4-8 are not applicable to you. Go directly to the certification statement at the bottom of this form.*

4. What is your country of citizenship? List more than one if applicable.  
\_\_\_\_\_

5. What is your INS-issued alien number or admission number? \_\_\_\_\_  
Please provide your INS documents.

6. Are you an alien illegally in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are you a non-immigrant alien? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If the answer to 7 is “no,” there is no need to answer question 8. Go directly to the certification statement at the bottom of this form.*

8a. Do you fall within any of the exemptions to the non-immigrant alien prohibition set forth in 18 U.S.C. 922(y)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

8b. If you answered “yes” to question 8a, under which exemption do you fall? Please provide documentation to support your entitlement of the claimed exemption, if applicable.  
\_\_\_\_\_

I hereby certify that all of the information provided by me in this rider is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein is criminally punishable pursuant to federal and state law.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_, who, being duly sworn, deposes and says that the information contained in this rider is true and correct to the best of my knowledge.

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Mississippi

**MILITARY/ RETIRED LAW ENFORCEMENT  
ENHANCED CARRY AFFIDAVIT**

Please read the following Statute to verify that one or more of the statements pertaining to your military or law enforcement background apply. You must have completed law enforcement or combat training with pistols or other handguns in order to qualify for the enhanced carry endorsement under this provision.

97-37-7 (2) (b) is a member or veteran of any active or reserve component branch of the United States of America Armed Forces having completed law enforcement or combat training with pistols or other handguns as recognized by such branch after submitting an affidavit attesting to have read, understand and agree to comply with all provisions of the enhanced carry law, or (c) is an honorably retired law enforcement officer or honorably retired member or veteran of any active or reserve component branch of the United States of America Armed Forces having completed law enforcement or combat training with pistols or other handguns, after submitting affidavit attesting to have read, understand and agree to comply with all provisions of Mississippi enhanced carry law.

I, \_\_\_\_\_, having been duly sworn, depose and say that I do qualify for the Mississippi enhanced carry endorsement in accordance with section 97-37-7 (2)(b)(c).

Name: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

STATE OF MISSISSIPPI  
COUNTY OF \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_, who being duly sworn, deposes and says that the information contained in this rider is true and correct to the best of his/her knowledge.

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, and 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Mississippi