

APPENDIX E: NOTICE OF REVOCATION OF CONCEALED HANDGUN PERMIT

[Space Reserved for Sheriff's Office Letterhead]

NOTICE OF REVOCATION OF A CONCEALED HANDGUN PERMIT

TO: [Name and address of Permittee]

RE: Notice of Revocation of a Concealed Handgun Permit

Dear _____:

You are hereby notified that, pursuant to N.C. Gen. Stat. § 14-415.18(a1), your Concealed Handgun Permit is hereby revoked effective upon service of this notice.

Your Concealed Handgun Permit must be revoked based on facts and circumstances indicating that on the date(s) set forth below you were found guilty of or received a prayer for judgment continued for the following disqualifying offense(s):

[List the crime(s) forming the basis of the revocation and the date the permittee was either found guilty of or received a prayer for judgment continued for the offense(s)]

This/these judgment(s) prohibit(s) your possession of a Concealed Handgun Permit pursuant to N.C. Gen. Stat. § 14-415.18(a1).

Pursuant to N.C. Gen. Stat. § 14-415.18(a1), you must surrender your permit to the law enforcement officer serving this notice. If you are receiving this notice by mail delivery, you must surrender the permit to the **[insert county name]** County Sheriff's Office within 48 hours of receipt. The Sheriff's Office is located at **[insert Sheriff's Office address]**

Notice: Willful failure to surrender your permit is a Class 2 misdemeanor. Attempted use of a permit that has been revoked may subject you to additional State and federal criminal penalties.

Appeal: If you disagree with this revocation, you may appeal the decision by petitioning a district court judge in the district where you reside.

This the _____ day of _____, 20_____.

Sheriff

County

SERVICE

I certify that I did, on the date and time below:

_____ Personally deliver to the permittee named herein a copy of this Notice of Revocation of Concealed Handgun Permit.

_____ Place a copy of this Notice of Revocation of Concealed Handgun Permit addressed to the permittee named herein, in the United States mail, return receipt requested.

This the _____ day of _____ 20_____, at (time) .

Serving Officer