



**OREGON CONCEALED HANDGUN LICENSE
APPLICATION (ORS 166.291)**

This gray area to be filled in by Sheriff's Office Personnel only. Do not complete this shaded area.			
Proof of Identification: (one with name, signature & photo; and a second with name & signature.)			
Type/ No.:	Type/ No.:	Initials:	
<input type="checkbox"/> Proof of Firearms Safety Course	<input type="checkbox"/> Proof of Citizenship:	Fee Amt:	
<input type="checkbox"/> Approved _____(Int.)	Issue Date:	Exp. Date:	CHL #:
<input type="checkbox"/> Denied: _____(Int.)	Reason for denial:		

Applicant Information

New Applicant Renewal Address Change or Replacement Transfer from another county in Oregon

Last Name _____ First Name _____ Middle Name (Full) _____

All Other Names Used (Maiden, Married, Aliases) _____

Current Residence: _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP Code _____

Mailing Address: _____

(if different) PO Box _____

City _____ State _____ ZIP Code _____

My Proof of Residence is: Driver's License Voter Registration Card Current Rent Agreement
(Check only one) Recent Oregon Tax Return Real Property Ownership Current Lease Agreement

Please list any other residences that you have lived at in the past three years:

- 1) _____
- 2) _____
- 3) _____

You must provide two pieces of identification, one of which must include your photograph (Driver's License, Passport, government issued ID card or certified birth certificate).

Driver's License #:	State:	Date of Expiration:	Phone #
Date of Birth:	Social Security Number (voluntary):		
Weight:	Height:	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Non-binary/Not Specified			
State of Birth (or Foreign Country*):			

Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.291. It will be used only as a means of identification.

***You must provide proof of citizenship or proof that you are a legal resident alien with continuous residency in the country for at least six months and proof of your legal declaration to the US Citizenship and Immigration Services of your intent to acquire citizenship status. Acceptable forms of proof of citizenship are US Passport, Certified birth certificate or US Naturalization Document. **If you were born in a foreign country, you must provide proof of US citizenship OR naturalization. Exceptions are if you were born in a US Territory such as Guam or US Virgin Islands (St. Thomas, St. Croix, St. John) or a Commonwealth such as Puerto Rico or Northern Mariana Islands.**

Character References

1) Name, complete mailing address and phone number:

2) Name, complete mailing address and phone number:

ATTENTION: Oregon law allows for the denial or revocation of a concealed handgun license if you do not meet the minimum qualifications set out in ORS 166.291 or if the Sheriff has reasonable grounds to believe you have been or are reasonably likely to be a danger to yourself, or to the community at large, as a result of your mental or psychological state or as demonstrated by your past pattern of behavior involving unlawful violence or threats of unlawful violence.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT (INITIAL HERE):

DECLARATIONS

***Initial* each box below indicating you have read each statement and you declare the state is true.**

<p>I am a citizen of the United States. If I am not a citizen, I am a legal resident alien who can document continuous residency in the county for at least six months and have declared in writing to the United States Citizenship (Immigration and Naturalization Service) my intention to become a citizen and can present proof of the written declaration to the Sheriff at the time of this application.</p>	
<p>I am now at least 21 years of age.</p>	
<p>I have NEVER been convicted of a felony or found guilty of a felony in the State of Oregon or elsewhere. If I have been convicted of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295. You are not required to disclose if you have had an Oregon felony charge expunged or sealed.</p>	
<p>I have NOT, within the last four years, been convicted of a misdemeanor or found guilty of a misdemeanor in the state of Oregon or elsewhere. If I have been convicted of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295. You are not required to disclose if you have had an Oregon misdemeanor charge expunged or sealed.</p>	
<p>I have not been committed to the Oregon Health Authority (Mental Health and Developmental Disabilities Services Division) under ORS 426.130 nor have I been found mentally ill and presently subject to an order prohibiting me from purchasing or possessing a firearm because of mental illness.</p>	
<p>I have not been under the jurisdiction of the juvenile department in the last four years for committing an act, that if committed by an adult, would constitute a felony or a misdemeanor involving violence as defined in ORS 166.470.</p>	
<p>If I am unable to initial any of the items above, I have been granted relief under ORS 166.273, 166.274, 166.293 or 18 USC 925(c), or have had my criminal records expunged. (Proof of relief may be required with this application.) •If this does not apply to you, please write N/A instead of your initials.</p>	
<p>Except as provided in ORS 166.291(1)(L), I have NOT been convicted of an offense involving controlled substances or completed a court supervised drug diversion program.</p>	
<p>There are no outstanding warrants for my arrest, and I do not have any charges pending in any court resulting from an arrest or citation.</p>	
<p>I am not subject to a citation or court order restraining me from contacting or stalking another.</p>	
<p>I have never received a dishonorable discharge (enlisted members) or received a dismissal (commissioned officers) from the Armed Forces of the United States.</p>	
<p>I am not required to register as a sex offender in any state.</p>	
<p>I understand that I will be fingerprinted and photographed.</p>	
<p>I certify I have read and understand the entire text of this application. The information and declarations I provided are correct and true to the best of my knowledge. I understand making false statements on this application is a misdemeanor crime and that I may be prosecuted or have my application denied, or my CHL revoked.</p>	

Signature of Applicant

Date