

CONCEALED HANDGUN LICENSE APPLICATION
APPLICATION HOURS ARE MONDAY – FRIDAY 9:00 – 5:00 PM

PLEASE TYPE OR PRINT YOUR LEGAL NAME: _____ Date: _____
I, _____ hereby declare as follows:
(Last name) (First name) (Full Middle Name)
Maiden, Nickname or Previous Name: _____

IMPORTANT INFORMATION: PLEASE READ, CIRCLE TRUE OR FALSE AND INITIAL:

I am a citizen of the United States. If NOT a U.S. citizen, I am a legal resident alien who can document continuous residency in Jackson County for at least six months and have declared in writing to INS my intention to become a citizen and can present proof of the written declaration to the Sheriff at the time of this of this application. T F _____

I am at least 21 years of age. T F _____

I have been discharged from the jurisdiction of the juvenile court for more than four years, if while I was a minor, I was found to be within the jurisdiction of the juvenile court for having committed an act which, if committed by an adult, would constitute a felony or a misdemeanor involving violence, as defined in ORS 166.470. T F _____ N/A _____

I have **NEVER** been convicted of a felony. This includes being found guilty of a felony by reason of insanity under ORS 161.295, in the state of Oregon or elsewhere. T F _____

I have **NOT** been convicted of a misdemeanor within the last four years. This includes being found guilty of a misdemeanor by reason of insanity under ORS 161.295 in the State of Oregon or elsewhere. T F _____

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. T F _____

I have **NEVER** been convicted of a misdemeanor crime of domestic violence. T F _____

There are no outstanding warrants for my arrest AND I am not free on any form of pre-trial release. T F _____

I have **NOT** been committed to the Mental Health and Developmental Disabilities Services Division under ORS 426.130, nor have I been found mentally ill and been prohibited from possessing a firearm because of mental illness. T F _____

For those previous criminal or mental health conditions that do apply to me, I have been granted relief from the disability under ORS 166.274 or 18 U.S.C. 925(c). Proof of the relief must be attached to this application. T F N/A _____

I have never received a dishonorable discharge from the Armed Forces of the United States. T F _____

I am not required to register as a sex offender in any state. T F _____

I meet the requirements of ORS 166.291(f)(A) to (G) of competency with a handgun, AND I know I must bring documentation or my application will not be approved. T F _____

I understand that I will be fingerprinted (new applicants only) and photographed (all applicants). T F _____

OREGON DRIVER'S LIVENSE MUST REFLECT YOUR CURRENT JACKSON COUNTY RESIDENTIAL ADDRESS.

Oregon Driver License #: _____ Expiration Date: _____ Height _____ Weight _____

Date of Birth _____ Sex ___ Eye ___ Hair ___ Place of Birth _____ State ___ Race _____

Employer _____ Occupation _____

Social Security Number: _____ (Disclosure of your social security account number is voluntary Solicitation of the number is authorized under ORS 166.420. It will be used only as means of identification.)

Current Jackson County **RESIDENTIAL** Street Address: _____ Mailing Address (if different) _____

Number and Street name

P.O. Box

City State Zip Code

City State Zip Code

Home Phone Number _____

Work Phone Number _____

Date issued: _____ Approved by: _____ Amount Paid _____
QMAR _____ OR/SID _____ FBI _____ CH _____ TIB _____ MPD _____
DACMS _____ DA _____ NWS _____ QMEN _____ DOC _____ Records Deputy _____

ATTENTION

Oregon law prohibits the issuance of a concealed handgun license to anyone with a felony conviction, a misdemeanor conviction within the last four years or anyone on pretrial release. Oregon law allows for the denial of a concealed handgun license if the Sheriff determines you are a danger based upon a past pattern of unlawful violence or threats of unlawful violence. Federal law (18 USC 922) prohibits issuance of a license to anyone who has ever been convicted of a misdemeanor crime of domestic violence. Federal law prohibits anyone who is subject to a court restraining or stalking order relating to domestic violence from purchasing and possessing firearms and ammunition or engaging in activities involving firearms. In addition, 18 USC 922 prohibits anyone who has been dishonorably discharged from the United States Armed Services, anyone who is an illegal alien and anyone who is an unlawful user of controlled substances from purchasing or possessing firearms.

ADDRESSES – List resident addresses and dates for the past three years, if different than current address:

REFERENCES (FOR NEW APPLICANT ONLY)

List two character references that are not related to applicant and not residing at applicant’s address (name and complete mailing address).

1. _____
2. _____

LIST ALL STATES LIVED IN AS AN ADULT (18 YEARS AND OLDER), (INCLUDING OREGON)

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PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you ever been dishonorably discharged from the United States Armed Forces?
 Yes No if yes, when _____
2. Have you ever renounced your United States Citizenship?
 Yes No If yes, when _____
3. Do you currently use controlled substances such as marijuana, cocaine, methamphetamine, LSD, or ecstasy?
 Yes No (If no, skip to question 4.)

3a. If you answered yes to question 3, what controlled substances do you use? _____

3b. If you answered yes to question 3, how would you describe your usage?
 Infrequent (less than 4 times during the past 12 months)
 Casual (4 to 12 times during the past 12 months)
 Frequent (at least 12, but less than 24 times during the past 12 months)
 Regular (once a week or more)
 Other _____
- 3c. If you answered yes to question 3, approximately how long have you been using controlled substances?
 Less than 3 Months
 3 to 6 Months
 6 Months to 1 Year
 More than 1 Year

3d. If you answered yes to question 3, is your use of controlled substance authorized by a medical doctor?
 Yes No

3e. If you answered yes to question 3, do you have a prescription authorizing the use of controlled substances?
 Yes No

4. Are you subject to any type of restraining order or stalking order issued by any court?
 Yes No

5. If you are subject to a restraining or stalking order, please provide information about the order: _____

6. Have you **EVER** been convicted of a misdemeanor crime of domestic violence?
 Yes No If yes, when? _____

7. Have you ever been convicted of an offense involving controlled substances or completed a court-supervised drug diversion program? Yes No If yes, when? _____

8. Are you required to register as a sex offender in any state? Yes No If yes, where? _____

If you answered Yes to question 1 through 8 above, do you currently possess a firearm?
 Yes No If yes, who manufactured this firearm? (I.e. Glock, Ruger, Winchester, Remington)

CAUTION: Possession of a concealed handgun license does not authorize you to carry a firearm in any federal building, on airport property or in any courthouse where the presiding judge has posted notice of such prohibition. If you are apprehended with a weapon on these premises your concealed handgun license will be seized and returned to the Sheriff, and you may be arrested and charged with a crime.

I have read the entire text of this application. All information submitted is correct. I further understand that making false statements on the application is a Class B misdemeanor and I am subject to prosecution and automatic denial or revocation.

All payments are non-refundable.

Signature of Applicant: _____ Date Signed: _____

If you address changes at any time while you have a Concealed Handgun License, notify the Concealed Handgun Unit within 30 days of the change of address to obtain a new license. There is a \$15 dollar fee to issue the new license with the updated address. ORS 166.291.(5) (c)

***** *To be filled in by Sheriff's Office Personnel* *****

Proof of identification: (Two pieces of current identification are required, one of which must bear a photograph of the applicant. Type of identification and number on identification to be filled in by Sheriff's Office.)

ID #1 Type _____ Number: _____

ID #2 Type _____ Number: _____

Competency with handgun demonstrated: _____ Date Signed: _____

CONFIDENTIALITY REQUEST

Dear Concealed Handgun License Applicant,

There is currently a statewide issue regarding the disclosure of the names, addresses and other identifying information of people who have concealed handgun licenses. Essentially, the media and other groups are asking for lists of information about all the people who hold concealed handgun licenses.

The Jackson County Sheriff's Office has refused to disclose that information because we believe many people obtain a concealed handgun license for personal security and would not want that information made public. We also resist disclosing personal information because of the continuing identity theft risks.

An Oregon court recently decided that there is no evidence that people obtain concealed handgun license for security measures and ordered our office to disclose a list of all the concealed handgun license holders in our county. This case is now before the Oregon Court of Appeals.

Please answer the two questions at the bottom of this letter. If you want your name and other information to remain confidential; simply answer YES to both questions. Thank you for your cooperation

Printed Name: _____

I want my Concealed Handgun License information to be kept confidential and do not want it released to the public. Yes No

I applied for a Concealed Handgun License as a personal safety measure and I do not want any information About my application or license released to the public. Yes No

Signature: _____ Date: _____

