INSTRUCTIONS

Fill out form completely. Print completed form and bring with you to your appointment.

These instructions will not print.

APPLICATION FOR LICENSE TO CARRY A CONCEALED HANDGUN

DOUGLAS COUNTY SHERIFF'S OFFICE

John Hanlin, Sheriff
Concealed Handgun License Unit
036 S.E. Douglas Ave. Justice Bldg Room 210
Roseburg, OR 97470 (541) 957-2021

Appointments are required for all applicants.

Application Type: New $65 ☐ Renewal $50 ☐ Transfer Only $30 ☐ Transfer & Renewal $65 ☐ Address Change $15 ☐ Name Change $15 ☐ Duplicate $15 ☐ Reinstatement $50 ☐ **ALL PAYMENTS ARE NON-REFUNDABLE.**

Last: _____ **First:** _____ **Middle:** _____ **Date of Birth:** _____
Other Names Used (Maiden etc):_____
Oregon Drivers License #: _____**Expiration Date:** _____**Age:** ____ **Sex:** _____**Height:** _____ **Weight:** _____
Eye Color: _____**Hair Color:** _____**Social Security Number:** _____ *- - (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.)*
State of Birth (or Foreign Country): _____
Current Residence Address: _____ **How Long at this address?** _____
Mailing Address (if different): _____
List all residence addresses for the past three years and dates: _____
_____
I am providing proof of residence in Douglas County at the time of my appointment by one of the following: Current Oregon Driver License ☐ Voter Registration Card ☐ Recent Oregon Tax Return ☐ Current Rent or Lease Agreement ☐ Real Property Ownership (Address or Tax Lot#) _____
List other states you have resided in as an adult: _____
I am providing proof of citizenship at the time of my appointment by one of the following: US Birth Certificate ☐ US Passport ☐ FFS240 (Military Service/Foreign Birth) ☐ Naturalized ☐ Legal resident alien (N-300 or N-400 form) ☐
Home Phone Number: _____ **Work:** _____ **Cell:** _____ **Employer:** _____
References: *(List two character references that are local and non-related. Not required for renewal application)*
1. Name, complete mailing address and phone number:
_____
2. Name, complete mailing address and phone number:
_____

Initial each box indicating that you have read each statement. PLEASE READ CAREFULLY

I HEREBY DECLARE AS FOLLOWS:

☐ 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 Douglas County for at least six months **and have declared in writing to the 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.**

☐ I am now at least 21 years of age.

☐ I meet the requirements of ORS 166.291 (f) (A) to (G) of competency with a handgun and am providing written documentation from a firearms safety course utilizing instructors certified by the NRA or a law enforcement agency or participation in the military service with handgun training indicated at the time of my appointment.

☐ 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.

☐ I have **NEVER** been convicted or found guilty of a felony offense. If I have been convicted of a felony, it has been by reason of insanity under ORS 161.295.

☐ I have **NOT** within the last four years, been convicted 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.

☐ 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. **Note:** ORS 166.291(1)(L) provides that if you have been convicted only once of violating ORS 475.864(3), which is possession of less than an ounce of marijuana, and have not completed a diversion program, then this section does not apply to you. It also provides that you may have completed a drug diversion program for ORS 475.864(3) so long as you were not convicted. In other words, you may either have been convicted once for possession of less than one ounce of marijuana, or, successfully completed a diversion program once for possession of less than an ounce of marijuana, but not both. If you have been convicted of ORS 475.864(3) or participated in a drug diversion program for this charge, and this is the only controlled substance conviction or diversion, then initialing this box would not be unlawful. If you have another controlled substance conviction or have participated in a supervised drug diversion program, then initialing this box would be unlawful.

☐ 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.

☐ 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 presently subject to an order prohibiting me from purchasing a firearm because of mental illness.

☐ I am **NOT** subject to a citation or court order restraining me from contacting or stalking another.

☐ I have **NEVER** received a dishonorable discharge (enlisted members) or received a dismissal (commissioned officers) from the Armed Forces of the United States.

☐ I am **NOT** required to register as a sex offender in any state.

☐ 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 ORS 166.293 or 18 USC 925(c) or have had the records expunged.

☐ I understand that I will be fingerprinted and photographed.

☐ **I have read the entire text of and understand this application, and the statements therein are correct and true. I further understand that making false statements on this application is a misdemeanor crime, and that I am subject to prosecution and automatic denial or revocation.**

NOTICE TO APPLICANT – READ THIS AREA CAREFULLY!

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, anyone on pretrial release, or anyone subject to a Family Abuse Prevention Act Restraining Order or Stalking order, anyone required to register as a sex offender in any state, anyone that has received a dishonorable discharge from the Armed Forces of the United States and anyone convicted of an offense involving controlled substances (except as provided in ORS 166.291(1)(L)). Oregon and Federal laws also prohibit a person from owning or possessing a gun if the person had a felony conviction that was reduced to a misdemeanor after completion of probation, any convictions of misdemeanor crimes of domestic violence, or is subject to a court protective order that was issued after a hearing in which the person had an opportunity to participate and restrains the person from harassing, stalking, or threatening an intimate partner or the child of such intimate partner. Oregon law allows for the denial of a concealed handgun license if you have a history that shows an inclination toward confrontation with others, including neighbors, family members, etc.. You may also be denied a concealed handgun license if you have a history of conflict with law enforcement officers, offenses with firearms, documented problems involving alcohol and/or drug abuse. If any of these conditions apply to you and you nonetheless feel you are eligible for a license, return to this office appropriate documentation, dates and explanation of circumstances including copies of any applicable pardons, certificates of discharge, or court orders surrounding your circumstances for further consideration.

Signature of Applicant: _____ **Date:** _____

CONFIDENTIAL REQUEST:

☐ **I am requesting that my application & information be maintained as confidential & not be released to the public.**

☐ **I am applying for a license as a personal safety measure, & do not want any information about my application or license status released to the public.**

OFFICE USE ONLY

SO REC QCRC ODL TIB LEDS Approved by: _____ **Date:** _____