



SHERMAN COUNTY

# SHERIFF'S OFFICE

SHERIFF BRAD

500 Court Street P.O. Box 424 Moro, OR 97039 Phone: (541) 565-3622 Fax: (541) 565-3046

## CONCEALED HANDGUN LICENSE PACKET

READ THIS INFORMATION CAREFULLY.

YOUR APPLICATION WILL NOT BE ACCEPTED IF IT IS INCOMPLETE, NOT LEGIBLE, OR INCORRECT.

**INSTRUCTIONS:** Please read the enclosed information thoroughly. If you believe you qualify, complete the application on both pages by typing or legibly printing. If your application is incomplete and/or completed incorrectly, we may request that you reschedule your appointment.

When you have completed the application, please schedule your appointment calling ((541) 565-3622 during regular business hours. Appointments are available Monday through Friday and you will be fingerprinted during your appointment. Please arrive promptly to your scheduled appointment at the Courthouse located at 500 Court Street, Oregon and bring the following items with you. Please check the following boxes before you come to your appointment to make sure you have everything you need.

- Completed application form.
- Proof of handgun training. (See Proof of Competency section on the application packet.) Fees. \$65 (\$50 for the Sheriff's office and \$15 for fingerprinting) to be paid in the form of cash, check or money order made out to Sherman County Sheriff's Office. **CREDIT AND DEBIT CARDS ARE ACCEPTED WITH A FEE.**
- Two pieces of identification. One with your picture, name, and signature (e.g. driver's license or ID card), and another piece of identification that includes your signature and name, (e.g., credit/debit card/passport).
- A self-addressed stamped envelope.

Enclosures



SHERMAN COUNTY

# SHERIFF'S OFFICE

SHERIFF BRAD LOHREY 500 Court Street P.O. Box 424 Moro, OR 97039 Phone: (541) 565-3622 Fax: (541) 565-3046

## APPLICATION FOR LICENSE TO CARRY A CONCEALED HANDGUN

**\*This gray area to be filled in by Sheriff's Office personnel only. Please do not complete any information in the gray shaded area.\*\*\***  
**Proof of identification** (Two pieces of current ID, one which bears your name, signature, and photo and second which bears your name signature.)

Type/No. _____	Type/No. _____	Initials: _____
Approved _____ Denied _____	By: _____ Date: _____	Reason: _____
NEW APPLICANT _____	TRANSFER _____ (County)	License #: _____
ADDRESS CHANGE _____	RENEWAL _____ OTHER _____	Expiration Date: _____

(Print or Type Full Legal Name)

_____ (First)	_____ (Middle)	_____ (Last)
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Other Names Used (Maiden, aliases, etc.) \_\_\_\_\_

**Current Residential Address:** \_\_\_\_\_ **Mailing Address (if different than residence address):** \_\_\_\_\_

Street Address _____	How long at address _____	P.O. Box _____
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City _____	State _____	Zip _____	City _____	State _____	Zip _____
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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

LIST ALL STATES LIVED IN AS AN ADULT (18 YRS AND OLDER) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.240. It will be used only as a means of identification.)

Place of birth (or foreign country) \_\_\_\_\_ Ethnicity: \_\_\_\_\_

If you were born in a foreign country, you must provide proof of 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

**ADDRESSES-** List resident addresses for the past three years

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES

List two-character references that are not related to the applicant and not residing at applicant's address.

1. Name and complete mailing address:

\_\_\_\_\_

2. Name and complete mailing address:

\_\_\_\_\_

## NOTICE TO APPLICANT – READ THIS AREA CAREFULLY

**ATTENTION:** 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.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT \_\_\_\_\_ INITIAL**

**Instructions: \*INITIAL\* each line indicating that you have read each statement below and you declare the statement is true.**

\_\_\_\_\_ **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 Marion 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 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 of a felony** of found guilty of a felony in the State of Oregon or elsewhere. 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 of a misdemeanor** or found guilty of a felony in the \_\_\_\_\_ State of Oregon or elsewhere. If I have been convicted of a felony, 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 its terms do not apply to you: if you have been convicted only once of a marijuana possession offense constituting a misdemeanor or violation under the law of the jurisdiction of the offense; or if you have only once completed a drug diversion program for a marijuana possession offense that constituted a misdemeanor or violation under the law of the jurisdiction of the offense; but not both. If you have been convicted of a marijuana possession offense constituting a misdemeanor or violation, or participated in a drug diversion program for such a 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 another 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.

\_\_\_\_\_ **All of the above apply to me.** If any of the above does not apply to me, I have been granted relief or wish to petition for 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.**

**RESIDENCY REQUIREMENTS, SELECT ONE OF THE FOLLOWING:**

I can provide proof of residence in Sherman County with (check one):  Current Oregon Driver License  Current Oregon Tax Return  Voter Registration Card  Current Rent or Lease Agreement  Real Property Ownership (Address or Tax Lot#): \_\_\_\_\_

**OUT OF STATE APPLICANT:** I currently live in a contiguous state and am applying as an out of state applicant.

All out of state new applicants and renewals must include a statement of compelling business interest or other legitimate demonstrated need which exhibits a correlation to Sherman County.

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**CAUTION: Possession of a concealed handgun license does not authorize you to carry a firearm in any federal building, on secured airport areas or in any courthouse where the presiding judge has posted notice of such prohibition. The Sherman County Court house and court room are posted with this prohibition. If you are apprehended with a weapon on these premises your concealed handgun license may be seized and returned to the Sheriff, and you may be arrested and charged with a crime.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature for Renewal: \_\_\_\_\_ Date: \_\_\_\_\_