



CONCEALED HANDGUN LICENSE READ THIS INFORMATION CAREFULLY!!

At the time you submit your application you will be fingerprinted, photographed and the fees will be collected. **\$50.00 to Josephine County Sheriff CASH or Money Order (No Personal Checks accepted by the Josephine County Sheriff's Office) and \$15.00 (CHECK OR MONEY ORDER) to Oregon State Police for New Permits or Transfers** Fees are non-refundable and cover the cost of the background investigation and processing as required by law. Please provide bring a self-addressed stamped envelope for notification when your permit approval process is complete.

You must be able to demonstrate handgun competency at the time you apply by any of the following methods. A copy of the documentation must be turned in with the application.

1. Completion of any NRA firearms safety or training course if handgun safety was a component of the course.
2. Completion of any firearms safety or training course or class available to the general public offered by law enforcement, community college, private or public institution or organization or firearms training school utilizing instructors certified by the NRA or law enforcement agency if hand gun safety was a component of the course.
3. Completion of any law enforcement firearms safety or training course or class offered for security guards, investigators, reserve law enforcement officers or any other law enforcement officers if handgun safety was a component of the course.
4. Present evidence of equivalent experience with a handgun through participation in organized shooting competition or military service (DD214). Your military forms **must** indicate **HANDGUN SPECIFIC** training to be considered for handgun competency.
5. Is licensed or has been licensed to carry a firearm in the state of Oregon, unless the license has been revoked.
6. Completion of any firearms training or safety course of class conducted by a firearms instructor certified by a law enforcement agency or the NRA if handgun safety was a component of the course.

WHEN YOU APPLY BRING:

1. Your completed application
2. 2 pieces of I.D. (one with a photo the other **NOT** a credit or debit card)
3. Proof of Handgun Competency
4. Proof of citizenship if born in another country
5. **Required Cash for Sheriff's Office and Check or Money Order for OSP**
6. **Self-Addressed Stamped Envelope**



JOSEPHINE COUNTY SHERIFF'S OFFICE CONCEALED HANDGUN LICENSE APPLICATION

Instructions: Initial each box indicating that you have read each statement below and declare the statement is true. Anything not initialed will result in an incomplete application and will be unable to process

_____ **I am a citizen of the United States** or 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 and Immigration Services 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 at least **21 years** of age, and a resident of **Josephine County**

_____ **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 misdemeanor involving violence as defined in ORS 166.470.

_____ I have not been **committed to the Department of Human Services** under ORS 426.130, nor have I been **found mentally ill and am presently subject to an order prohibiting me from purchasing or possessing a firearm because of mental illness**. If any of the previous conditions do apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or 166.293 or 18 USC 925 (c) or **have had the records expunged**.

_____ **I have never been convicted of a felony** or found guilty, except for insanity under ORS 161.295, of a felony in the State of Oregon or elsewhere.

_____ **I have not**, within the last four years, **been convicted of a misdemeanor** or found guilty, except for insanity under ORS 161.295, of a misdemeanor.

_____ 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 (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 line would be unlawful. If you have another controlled substance conviction or have participated in another supervised drug diversion program, then initialing this line would be unlawful.

_____ There are **no outstanding warrants for my arrest** and **I am not free on any form of pretrial release**.

_____ I am not subject to a citation issued under ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.735 or 163.738 (**stalking or restraining orders**).

_____ **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.

_____ If any of the previous conditions do apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or 166.293 or section 5, chapter 826, Oregon Laws 2009, or 18 U.S.C. 925(c) or have had the records expunged. **If this does not apply to you, please put N/A or leave blank**.

_____ I understand **I will be fingerprinted and photographed**.

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



JOSEPHINE COUNTY SHERIFF'S OFFICE CONCEALED HANDGUN LICENSE APPLICATION

EVERYTHING MUST BE COMPLETELY FILLED OUT. IF IT DOES NOT APPLY PLEASE PUT N/A. IF THE APPLICATION IS NOT COMPLETED ENTIRELY, IT WILL NOT BE PROCESSED

NEW RENEWAL TRANSFER

NAME:

FIRST NAME

MIDDLE (FULL)

LAST NAME

OTHER NAMES USED:

(AKA, MAIDEN, ALIAS, OTHER LAST NAMES USED ETC) PUT N/A IF DOESN'T APPLY

ADDRESS:

CURRENT RESIDENCE

CITY

STATE

ZIP

MAILING:

(IF DIFFERENT FROM STREET ADDRESS)

CITY

STATE

ZIP

PHONE NUMBER(S)

HOME/CELL

WORK/OTHER

BIRTH DATE:

-

-

DRIVER'S LIC#

EXPIRATION YEAR:

SSN:

-

-

PLACE OF BIRTH: STATE OR FOREIGN COUNTRY:

(Disclosure of your SSN is voluntary. Solicitation of the number is authorized Under ORS 166.420. It will only be used As a means of identification.)

**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*

SEX: _____ RACE: _____ HAIR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

LIST ALL STATES & MILITARY BASES LIVED IN AS AN ADULT (STATE ABRV):

OFFICE USE ONLY DO NOT WRITE BELOW

APPROVED: _____ DENIED: _____ BY: _____ DAVE DANIEL

DATE ISSUED ____/____/____ LICENSE#: _____ DATE EXPIRES ____/____/____

IF DENIED, REASON: _____ MENTAL HEALTH QUERY: CCH:

FELONY CONVICTIONS: ___ YES ___ NO MISDEMEANOR CONVICTIONS: ___ YES ___ NO ODL CHECK

CALIFORNIA CONVICTIONS ___ YES ___ NO CII#: _____ OTHER SID'S: _____

LEDS/NCIC: _____ RMS: _____ OECI: _____ OR/SID#: _____ FBI#: _____

COMPETENCY: FEE PAID: \$15 CHECK TO OSP:

ID 1 TYPE: _____ NUMBER: _____ EXPERIATION YEAR: _____

ID 2 TYPE: _____ NUMBER: _____ EXPERIATION YEAR: _____

PROCESSED BY: _____



JOSEPHINE COUNTY SHERIFF'S OFFICE CONCEALED HANDGUN LICENSE APPLICATION

****NOT REQUIRED TO FILL OUT REFERENCES IF YOU'RE DOING A RENEWAL****

RESIDENCE FOR LAST THREE YEARS:

CITY: _____ STATE: _____ COUNTY: _____

CITY: _____ STATE: _____ COUNTY: _____

CITY: _____ STATE: _____ COUNTY: _____

REFERENCES:

NAME: _____ TELEPHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ TELEPHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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CONCEALED HANDGUN LICENSE APPLICANT AUTHORIZATION TO RELEASE INFORMATION

I understand and agree to the following terms:

My issuance of a Concealed Handgun License by the Josephine County Sheriff's Office is contingent upon an investigation of my background in accordance with ORS 166.291. I understand that the Josephine County Sheriff's Office will conduct an investigation including any criminal records or mental health commitments.

By my signature I hereby authorize the Josephine County sheriff's Office to contact various individuals, employers, mental or medical health sources or other agencies to further determine my eligibility for a Concealed Handgun License if determined necessary due to indications that I may be a danger to myself or others or to the community at large. These indications may be the result of my mental or psychological state as demonstrated by a past pattern of behavior or participation in any incident involving unlawful violence or threat of unlawful violence, inclination toward conflict with others, conflict with law enforcement officer, offenses involving firearms or documented problems involving alcohol or illegal drug use.

The recipient of a copy of this signed document is hereby authorized to divulge information to the Josephine County Sheriff's Office concerning any of the above indicated conditions. The undersigned applicant hereby releases the providers of any such information from any liability or damage which may arise from furnishing information requested by the Josephine County Sheriff's Office.

Yes No I AM REQUESTING THAT MY APPLICATION AND INFORMATION BE MAINTAINED AS CONFIDENTIAL, AND NOT BE RELEASED TO THE PUBLIC.

Yes No I AM APPLYING FOR A CHL AS A PERSONAL SAFETY MEASURE, AND DO NOT WANT ANY INFORMATION ABOUT MY APPLICATION OR CHL STATUS RELEASED TO THE PUBLIC.

(To be Signed at Sheriff's Office)

Signature of Applicant

Date

Signature of Deputy Witness

Date