



JOSEPHINE COUNTY SHERIFF'S OFFICE

1901 NE F Street, Grants Pass, OR 97526
Civil Division 541-474-5109 x 3144 or 3145

CONCEALED HANDGUN ADDRESS CHANGE - NAME CHANGE - REPLACEMENT

ORS 166.295(2) requires that if a licensee changes residence, the licensee shall report the change of address and the sheriff shall issue a new license as duplication for a change of address. At the time you submit your application for change of address a **\$15.00 cash fee** will be collected. These fees are non-refundable and cover the cost of the processing as required by law.

****If you have moved to Josephine County from another Oregon county you will need to make an appointment to apply for a transfer of your license.**

EVERYTHING MUST BE COMPLETELY FILLED OUT. IF IT DOES NOT APPLY PLEASE PUT N/A.

FIRST NAME MIDDLE (FULL) LAST NAME

OTHER NAMES USED (AKA, MAIDEN, ALIAS, ETC)

BIRTH DATE DRIVER'S LIC # EXPIRATION YEAR

SOCIAL SECURITY NUMBER 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: HEIGHT: WEIGHT: EYE COLOR: HAIR COLOR:

CURRENT RESIDENCE ADDRESS CITY STATE ZIP

MAILING (IF DIFFERENT THAN STREET ADDRESS) CITY STATE ZIP

HOME/CELL PHONE NUMBER WORK/OTHER PHONE NUMBER

LIST ALL STATES YOU LIVED IN AS AN ADULT INCLUDING MILITARY BASES

REASON FOR REPLACEMENT (MOVED, LOST, MARRIED, ETC)

***** DO NOT WRITE BELOW OFFICE USE ONLY*****

RECEIVED BY: DATE:

CHL#: EXPIRATION DATE: