



**APPLICATION FOR LICENSE TO CARRY A CONCEALED HANDGUN
WASHINGTON COUNTY SHERIFF'S OFFICE**

Rob Gordon, Sheriff
Concealed Handgun License Unit
215 SW Adams Avenue
Hillsboro OR 97123 (503) 846-2761

**APPOINTMENTS ARE REQUIRED. DO NOT SEND PAYMENT WITH APPLICATION.
YOU MAY EXPECT AN APPOINTMENT NOTICE IN THE MAIL WITHIN THREE WEEKS.**

PRINT FULL LEGAL NAME _____
First Middle Last All other names used

CIRCLE APPROPRIATE CATEGORY: NEW / RENEWAL / ADDRESS CHANGE / TRANSFER / NAME CHANGE / DUPLICATE

ID#1 Drivers License #: _____ State _____ Expiration Date: _____ Age _____ Sex _____

Date of Birth _____ 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 166.420. It will be used only as a means of identification.)

Current RESIDENTIAL Street Address:

Mailing Address (if different):

Numbers and Street name _____ How long at address? _____ P.O. Box _____

City State Zip Code _____ City State Zip Code _____

Home Phone Number _____ Work Phone Number: _____

PLACE OF BIRTH: State _____ or Country _____ all applicants must provide citizenship documentation.. **Race/Ethnicity:** _____

E-MAIL ADDRESS FOR SHERIFF'S OFFICE UPDATES (KEPT CONFIDENTIAL): _____

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

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 – to purchase and possess firearms and ammunition or engage in activities involving firearms. In addition, 18 USC 922 prohibits anyone who has renounced their United States citizenship, 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.

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.)

INITIAL _____: I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT / PLEASE CONTINUE TO PAGE 2

*****OFFICE USE ONLY ***To be filled in by Sheriff's Office Personnel*** OFFICE USE ONLY*****

Date Issued: _____ Approved By: _____ Amount Paid _____

OS _____ Date of Appointment _____

OR/SID# _____ Expiration Date _____

FBI # _____ QMEN DMV QWHD NCIC DOC QMAR OJIN PPDS AM MSG

ID #2Type _____ Number: _____ Citizenship documentation: _____

COMPETENCY - Instructor _____ NRA# _____

You are required to answer the following questions to provide sufficient information to complete a full background check. Failure to answer any question will result in your application being denied as incomplete. Making a false statement in this application may result in prosecution for a misdemeanor and will result in an automatic denial of your application.

True False I am at least 21 years of age.

True False 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.

True False 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.

True False I have **NOT** been convicted of a misdemeanor within the last four years from the date of this application. This includes being found guilty of a misdemeanor by reason of insanity under ORS 161.295 in the State of Oregon or elsewhere.

True False I have **NEVER** been convicted of a misdemeanor crime of domestic violence, as defined in the Gun Control Act of 1968.

True False There are no outstanding warrants for my arrest **AND** I am not free on any form of pre-trial release including diversion.

True False 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. 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 relief must be attached to this application.

True False I meet the requirements of ORS 166.291 (f) (A) to (G) of competency with a handgun, **AND** I know I must bring documentation to my appointment or my application will not be approved. (See page 5 for more details.)

True False I have never been convicted of more than one crime involving a controlled substance.

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

RESIDENCY REQUIREMENTS, SELECT ONE OF THE FOLLOWING:

I have a current Oregon driver's license showing a residence address in the county.

I am registered to vote in Washington County, and I have a precinct memorandum card showing a residence address in the county.

I have documentation showing that I currently own or lease real property in the county.

I have documentation showing that I filed an Oregon tax return for the most recent tax year showing a residence address in the county.

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 Washington County.

CITIZENSHIP DOCUMENTATION:

All renewal and new license applicants must provide proof of U.S. Citizenship.

I am a citizen of the United States and have documentation of citizenship. (must provide documentation at appointment)

I am providing the following documentation as proof of citizenship:

Choose one: U.S. birth certificate / U.S. Passport / FFS240 (military service foreign birth)

I am a naturalized citizen and have documentation of naturalization: (must provide documentation at appointment)

I am a legal resident alien who can document continuous residency in Washington 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 receipt (the N-400 form) to the Sheriff at the time of this application.**

ADDRESSES - List resident addresses for the past three years:

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. Have you ever been convicted of an offense (including a violation or infraction) involving controlled substances? A controlled substance is defined under ORS 475.005(6). Examples include but are not limited to marijuana, ecstasy, heroin, cocaine, LSD, peyote, or methamphetamine). Alcohol is not a controlled substance.

Yes No If yes, when and where? _____

4. Have you ever been in a court-ordered diversion program related to controlled substance charge (including violations and infractions)? Yes No If yes, when and where? _____

5. Within the past year have you used controlled substances such as marijuana, medical marijuana, cocaine, methamphetamine, LSD, or ecstasy?

Yes No (If no, skip to question 6)

5a. If you answered yes to question 5, what controlled substances do you use? _____

5b. If you answered yes to question 5, how would you describe your usage?

- Infrequent** (less than 4 times during the past 12 months)
- Occasional (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)
- Daily (one or more uses per day)

5c. If you answered yes to question 5, 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**

5d. If you answered yes to question 5, is your use of controlled substances authorized by a medical doctor?

Yes No

5e. If you answered yes to question 5, do you have a prescription authorizing the use of controlled substances?

Yes No

5f. Do you currently possess or own a firearm that is in working order?

Yes No If yes, who manufactured the firearm? (i.e. Glock, Ruger, Winchester, Remington, S&W, Taurus)

6. Are you subject to any type of restraining or stalking order issued by any court?

Yes No

6a.If you are subject to a restraining or stalking order, please provide information about the order: _____

7. Have you even been required to register as a sex offender in any state? Yes No

7a.If you answered Yes, what state required you to register? _____

7b.Is the requirement to register as a sex offender still in effect? Explain. _____

PRIVACY QUESTIONS:

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 CONCEALED HANDGUN LICENSE AS A PERSONAL SAFETY MEASURE, AND DO NOT WANT ANY INFORMATION ABOUT MY APPLICATION OR CHL STATUS RELEASED TO THE PUBLIC.

ADDRESS CHANGE REQUIREMENTS:

Initial each

____I understand that I am required to provide the Sheriff's Office with my current address. ORS 166.291(3)(a).

____I understand that the fee for a change of address is \$15.00. ORS 166.291(5)(C)

REFERENCES FOR NEW APPLICANTS ONLY: ALL OTHERS, PLEASE CONTINUE TO SWORN STATEMENT.

REFERENCES

List two character references who 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: _____

SWORN STATEMENT:

_____ (please initial): I have read and understand this application. All information submitted is correct. I further understand that making false statements on this application is a misdemeanor and I am subject to prosecution and automatic denial or revocation. **All payments are non-refundable.**

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 Washington County Courthouse and court rooms located in the Law Enforcement Center 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 Signed:** _____

PLEASE READ: YOU MAY KEEP THIS PAGE FOR YOUR REFERENCE

DO NOT REPEAT HANDGUN SAFETY COMPETENCY FOR RENEWALS

You must be able to document compliance of ORS 166.291 (f) by one of the methods provided by law as follows:

- (A) Completion of any hunter education or hunter safety course approved by the State Department of Fish and wildlife or a similar agency of another state if handgun safety was a component of the course.
- (B) Completion of any NRA firearms safety or training course if handgun safety was a component of the course.
- (C) Completion of any firearms safety or training course or class available to the general public offered by law enforcement, community college or private or public institution or organization or firearms training school utilizing instructors certified by the NRA or a law enforcement agency if handgun safety was a component of the course.
- (D) 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.
- (E) Presents evidence of equivalent experience with a handgun through participation in organized shooting competition or military service. To present proper documentation through the military service, please bring your DD214. **Your DD214 MUST indicate training/qualification with a handgun, sidearm or pistol.** Should your DD214 indicate only "small arms qualification" it does not qualify as handgun training. In this case, you will need to take a handgun safety course to meet this requirement. Sorry, there are not exceptions allowed by law.
- (F) Is licensed or has been licensed to carry a firearm in this state, **unless the license has been revoked.**
- (G) Completion of any firearms training or safety course or class conducted by a firearms instructor certified by a law enforcement agency or the NRA if handgun safety was a component of the course.

Attention all concealed handgun license holders:

You **must** carry your valid concealed handgun license with you whenever you carry a concealed handgun. Failure of a person who carries a concealed handgun also to carry a concealed handgun license is prima facie evidence that the person does not have such a license. It is the responsibility of the individual license holder to be aware of the expiration date of their license and notify the Sheriff's Office.

ORS 166.295 (2) If a licensee changes residence, the licensee shall report the change of address and the Sheriff shall issue a new license as a duplication for a change of address. The license shall expire upon the same date as would the original. The change of address fee is \$15.00 ORS 166.291(5)(C)

United States Citizenship Requirements

Applicants who were not born in the United States but who have become naturalized U.S. citizens, or who were born in foreign countries as U.S. citizens, must present proof of citizenship at the time of appointment (note - do not mail them; bring them to your appointment.) . A work permit or a legal resident alien card does **not** meet this requirement. Methods that can prove your citizenship status include a U.S. Passport, a certificate of citizenship, an FFS240 (Foreign Service Document) issued at birth, a U.S. Birth Certificate or your original naturalized citizenship certificate. **No photocopies accepted.**

New applicants, transfers, must provide this proof.