



Jackson County Sheriff's Office Concealed Handgun License Application

Sheriff Nathan Sickler

5179 Crater Lake Hwy, Central Point OR 97502 ♦ 541-774-6834 ♦ www.jacksoncountyor.org/sheriff

Applications are accepted: Monday, Tuesday, Thursday and Friday 10:00 AM to 3:00PM.
CLOSED Wednesdays and for lunch 12:30-1:00 PM

All New Applicants: Must provide proof of citizenship and two pieces of current identification. One ID must bear a photograph of the applicant.

Date: _____

NEW \$65 RENEWAL \$50 TRANSFER ONLY \$30 TRANSFER & RENEWAL \$65

Full Legal Name: _____

First Middle Last

Maiden and **ALL other legal last** names used: _____

Drivers Lic #: _____ State: _____ Expires: _____ Age: _____ Sex: M F X

Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Employment: _____ Occupation: _____

Social Security # _____ (voluntary) or Last Four Numbers of Social Security # _____

Place of Birth: State: _____ or Country: _____ Race/Ethnicity: _____

LIST ALL STATES YOU LIVED IN AS AN ADULT (18 years old or older) INCLUDING MILITARY BASES:

Contact Phone Numbers: Cell: _____ Home: _____ Work: _____

Email address: _____

Current Residential Street Address:

Mailing Address (if different than street address)

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip Code: _____ How long at this address? _____

Zip Code: _____

List resident addresses for the past three (3) years if you have lived at your current address for less than three (3) years:

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

OFFICE USE ONLY

ID #1 TYPE: _____ NUMBER & EXP. DATE: _____

ID #2 TYPE: _____ EXP. DATE: _____

AMOUNT PAID: \$ _____ TAKEN IN BY: _____

QCRC _____ QNP _____ ODSY _____ TIB _____ AKA ID SVCS _____ AKA LEDS _____ NWS _____ KARPEL _____

DATE ISSUED: _____ APPROVED BY: _____ CHL # _____ PROCESSED BY: _____

Address Change Requirements for ALL Applicants:

Please initial each:

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

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

___ I understand that failure to update my address could be grounds for revocation of my Concealed Handgun License.

Qualifications: 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 **NOT** been under the jurisdiction of the juvenile department at any time in the past 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.

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 no outstanding warrants for my arrest **AND** I am not on any form of pre-trial release (charges pending or filed, or awaiting trial) including diversion. (DUII's)

True False I have **NEVER** 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.

(New applicants must bring documentation to the appointment or the application will not be approved.)

True I understand that I will be fingerprinted (new applicants and transfers) and photographed

Yes No

Have you ever been dishonorably discharged from the United States Armed Forces?

Yes No

Have you ever been convicted of an offense (including a violation or infraction) involving controlled substances that did not get sent to diversion? 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.)

If yes, when, where, and what substance?

Yes No

Have you ever been in a court-ordered diversion program related to a controlled substance (Alcohol is not a controlled substance) charge including violations and infractions?

If yes, when, where, and what substance?

Yes No

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

If you are subject to a restraining or stalking order, please provide information about the order: WHEN AND WHERE WAS THE ORDER ISSUED?

Yes No

Have you ever been required to register as a sex offender in any state?

If you answered yes, what state required you to register?

Is the requirement to register as a sex offender still in effect? Yes No

Explain:

Residency Requirements: Please select one of the following:

- I have a current Oregon driver's license showing a residence address in Jackson County.
- I am registered to vote in Jackson County and I have a precinct memorandum card showing a residence address in Jackson County.
- I have documentation showing that I currently own or lease real property in Jackson County.
- I have documentation showing that I filed an Oregon tax return for the most recent tax year showing a residence address in Jackson County.

Out of State Applicants:

- I live in a contiguous state and am applying as an out of state applicant. (Pre-approval letter or email needed.)

References (New Applicants only):

References are required for New Applicants only. *List two character references that are not related to the applicant and/or are not residing at applicant's address.*

1. Name: _____ Address: _____

City/State: _____ Zip Code: _____ Phone: _____

2. Name: _____ Address: _____

City/State: _____ Zip Code: _____ Phone: _____

Citizenship Documentation:

All new, renewal, and transfer applicants must provide documentation of citizenship. Proof provided must be ORIGINAL OR CERTIFIED copies issued by a Federal, State or Local government agency of the United States.

I am a citizen of the United States and I am providing the following documentation as proof of citizenship.

Select One: US Birth Certificate US Passport FS240 (Military Service Foreign Birth) Naturalization

I am a legal resident alien who can document continuous residency in Jackson County for at least six months; I have declared in writing to the Immigration and Naturalization Service my intent to become a citizen and I can present proof of receipt (the N-300 or N-400 form) to the Sheriff at the time of application. N-300 Form N-400 Form

I will be eligible to apply for citizenship on: _____

Sworn Statement:

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.

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 Jackson County Courthouse and court rooms, located at 100 S. Oakdale, 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.

The Jackson County Sheriff's Office accepts cash or checks only.

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.** Initial: _____

Signature of Applicant: _____ Date Signed: _____