



Jackson County Sheriff's Office
Concealed Handgun License Address Change / Duplicate

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

Date: _____

ADDRESS CHANGE \$15

DUPLICATE \$15

Full Legal Name: _____
First Middle Last

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: _____

Contact Phone Numbers: Cell: _____ Home: _____

Email address: _____

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: _____

OFFICE USE ONLY

AMOUNT PAID: \$ _____

TAKEN IN BY: _____

DATE ISSUED: _____ CHL # _____

PROCESSED BY: _____