



# JEFFERSON COUNTY SHERIFF'S OFFICE

**Jason Pollock, Sheriff**

675 NW Cherry Lane  
Madras, Oregon 97741  
(541) 475-6520  
www.jeffco.net/sheriff

## APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

NEW APPLICANT  
ADDRESS CHANGE

TRANSFER (County)  
RENEWAL OTHER

License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

(Print Full Legal Name)

First

FULL Middle

Last

Other Names Used (Maiden etc) \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Residence/Domicile Address:

Mailing Address (if different):

Numbers and Street Name

How Long?

P.O. Box

City

State

Zip

City

State

Zip

**NOTE: Your Oregon Drivers License/ID card must reflect your current Jefferson County Address**

List other states you have resided in as an adult: \_\_\_\_\_

Home Phone Number or Message Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Occupation: \_\_\_\_\_

(If self employed, state type of business): \_\_\_\_\_

Oregon Drivers License #: \_\_\_\_\_ 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.)

State of Birth (or Foreign Country): \_\_\_\_\_ Race: \_\_\_\_\_

**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 such as Guam or US Virgin Islands (St. Thomas, St. Croix, St. John) or a Commonwealth such as Puerto Rico or Northern Mariana Islands.**

List residence addresses for the past three years and dates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### References: (Not required for renewal application)

List two character references that are local and non-related

1. Name, complete mailing address and phone number: \_\_\_\_\_
2. Name, complete mailing address and phone number: \_\_\_\_\_

**Initial each box indicating that you have read each statement. PLEASE READ CAREFULLY**

**I HEREBY DECLARE AS FOLLOWS:**

- [ ] I am a citizen of the United States. If I am not a citizen, I am a legal resident alien who can document continuous residency in Jefferson 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 the written declaration to the Sheriff at the time of this application.
- [ ] I am now at least 21 years of age.
- [ ] 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 a misdemeanor involving violence as defined in ORS 166.470.
- [ ] I have **NEVER** been convicted of a felony or found guilty of a felony in the State of Oregon or elsewhere. If I have been convicted of a felony, it has been by reason of insanity under ORS 161.295.
- [ ] I have **NOT**, within the last four years, been convicted of a misdemeanor or found guilty of a misdemeanor in the State of Oregon or elsewhere. If I have been convicted of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295.
- [ ] There are no outstanding warrants for my arrest.
- [ ] I do not have any charges pending in any court resulting from an arrest or citation.
- [ ] 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 presently subject to an order prohibiting me from purchasing a firearm because of mental illness.
- [ ] I am not subject to a citation or court order restraining me from contacting or stalking another.
- [ ] All of the above apply to me. If any of the above does not apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or ORS 166.293 or 18 USC 925(c) or have had the records expunged.
- [ ] I understand that I will be fingerprinted and photographed.
- [ ] I have read the entire text of and understand this application and the statements therein are correct and true. I further understand that making false statements on this application is a misdemeanor and I am subject to prosecution and automatic denial or revocation.

**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, anyone on pretrial release, or anyone subject to a Family Abuse Prevention Act Restraining Order or Stalking order. Oregon and Federal laws also prohibit a person from owning or possessing a gun if they have had a felony conviction that was reduced to a misdemeanor after completion of probation, any convictions of misdemeanor crimes of domestic violence, or is subject to a court protective order that was issued after a hearing in which the person had an opportunity to participate and restrains the person from harassing, stalking, or threatening an intimate partner or the child of such intimate partner.

Oregon law allows for the denial of a concealed handgun license if you have a history which shows an inclination toward confrontation with others, including neighbors, family members, etc. You may also be denied a concealed handgun license if you have a history of conflict with law enforcement officers, offenses with firearms, documented problems involving alcohol and/or drug abuse. If any of these conditions apply to you and you nonetheless feel you are eligible for a license, return to this office appropriate documentation, dates and explanation of circumstances including copies of any applicable pardons, certificates of discharge, or court orders surrounding your circumstances for further consideration.

☐ 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.** I further understand Oregon law considers this application public record.

☐ 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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ :