CLATSOP COUNTY SHERIFF'S OFFICE
Sheriff Matthew D. Phillips
1190 SE 19TH Street, Warrenton/PO Box 658, Astoria, OR 97103
Phone: (503) 325-8635
www.co.clatsop.or.us/sheriff

APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

____NEW APPLICANT ($65) _____TRANSFER ($30) ➔ _____(County) License:_____
____ADDRESS CHANGE ($15) _____RENEWAL ($50) _____OTHER Expiration Date:_____

_____ _____ _____
First (Print or Type) **FULL Middle** **Last**

Other Names Used (Maiden, Aliases, etc.): _____

Current Residence:

_____ _____
Numbers and Street Name How long?

_____ _____ _____
City State Zip

Mailing Address (if different):

_____
PO Box

_____ _____ _____
City State Zip

My Proof of Residence is:
(Check only one)

- ○ Current Driver License
- ○ Recent Oregon Tax Return
- ○ Most Recent State Tax Return
- ○ Voter Registration Card
- ○ Real Property Ownership

List other states you have resided in as an adult: _____

Home Phone/Message Number: _____ Work Phone Number:_____

Employer:_____ Occupation: _____

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

DRIVER'S LICENSE MUST REFLECT YOUR CURRENT RESIDENTIAL ADDRESS:

Driver's License # _____ State _____ Expiration Date: _____ Place of Birth: _____

Date of Birth: _____ Sex: _____ Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ (Disclosure of your social security number is voluntary).

List residence addresses for the past three years and dates:

1._____

2._____

3._____

CHARACTER REFERENCES – *do not use immediate family*. (not required for CHL Renewals):

_____ _____ _____
Name Mailing Address, City State and Zip Daytime Phone

_____ _____ _____
Name Mailing Address, City State and Zip Daytime Phone

I want my concealed handgun license information to be kept confidential and to be protected from release to the public. I applied for this license as a personal safety measure and I want all information about my application or license protected from release to the public yes☐ no☐

PLEASE READ CAREFULLY

INITIAL before each statement indicating that you have read, understand and agree with each item.

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 Clatsop 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.

☐ I have **NEVER** been convicted of a felony or found guilty of a felony in the State of Oregon or elsewhere.

☐ 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.

☐ 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 mentally committed by a court nor have I been found mentally ill and presently subject to an order prohibiting me from purchasing a firearm because of mental illness.

☐ Except as provided in ORS 166.291(1)(L), I have **NOT** been convicted of an offense involving controlled substances or completed a court supervised drug diversion program.

☐ I am **NOT** subject to a citation or court order restraining me from contacting or stalking another.

☐ I have **NOT** received a dishonorable discharge (enlisted members) or a dismissal (commissioned officers) from the U.S. Armed Forces.

☐ I am **NOT** required to register as a sex offender in any state.

☐ I understand I will be photographed. If this is a new application, I understand I will be fingerprinted.

☐ **I have read the entire text of this application and understand it completely. The statements I have made are correct and true. I understand that making false statements on this application is a *crime*. If I have made false statements in this application, I am subject to prosecution and my application will automatically be denied or revoked. All payments are non-refundable.**

If your address changes at any time while you have a Concealed Handgun License, come in to the Clatsop County Sheriff's Office within 30 days of the change of address and bring your new proof of address to obtain a new license.

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.

Signature of Applicant: _____ **DATE:** _____

**********To be filled in by Sheriff's Office Personnel**********

____Driver's License	_____Proof of Competency	_____(County)	Approval yes☐ no☐
____Second Identification	_____Proof of Citizenship	_____OTHER	By:_____ Date:_____