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

Tom Bergin, Sheriff
1190 SE 19TH Street, Warrenton, OR 97103
MAILING: PO Box 658, Astoria, OR 97103 (503) 325-8635

PRINT FULL LEGAL NAME _____ **DATE:** _____
First Middle Last

Maiden Name and/or Aliases: _____
(List any and all names you have used in the past, whether changed due to marriage, adoption, etc.)

Select ONE Residency Requirements:

- ☐ I have a current Oregon Driver's license showing a residence address in the county.
- ☐ I am registered to vote in Clatsop 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.
- ☐ I currently live in Pacific, Grays Harbor or Wahkiakum County in Washington State and am applying as an out of state applicant, I have included a compelling statement letter.

Current **RESIDENTIAL** Street Address:

_____
Numbers and Street Name How long at this address?

_____
City State Zip

Mailing Address (if different):

_____
P.O. Box

_____
City State Zip

Home Phone Number: _____ Work Phone Number: _____

OREGON/WASHINGTON DRIVER'S LICENSE MUST REFLECT YOUR CURRENT RESIDENTIAL ADDRESS:

Drivers License # _____ Expiration Date: _____ Age: _____ Sex: _____

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

Indicate State of birth (or foreign country) _____ Race: _____

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).

List residence addresses for the past three years and dates:

1. _____
2. _____
3. _____

CHARACTER REFERENCES – (*Do Not use immediate family*):

_____
Name Mailing Address, City State and Zip Daytime Phone

_____
Name Mailing Address, City State and Zip Daytime Phone

LIST ALL STATES LIVED IN AS AN ADULT (18 years and older) _____

_____

PROOF OF IDENTIFICATION: Two pieces of current identification are required, one of which must have a photograph of the applicant. Type of identification and number on identification to be filled in by Sheriff's Office.

ID Type_____ Number: _____

ID Type_____ Number: _____

COMPETENCY (To be filled in by Sheriff's Office)

Instructor: _____NRA # _____ Other: _____

Initial after each statement indicating that you have read, understand and agree with each one.

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 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 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. _____

I understand that I will be fingerprinted and photographed. _____

If any of the previous conditions apply to me, I have been granted relief from the disability under ORS 166.274 or 18 U.S.C. 925 (c) or have had the records expunged. **Proof of relief must be presented with this application.** _____**INITIAL OR MARK N/A**

Please answer the following questions:

1) Have you ever been dishonorably discharged from the United States Armed Forces?
☐ Yes ☐ No When: _____

2) Have you ever renounced your United States citizenship?

☐ Yes ☐ No When: _____

3) Do you currently use controlled substances such as marijuana, cocaine, methamphetamine, LSD, or ecstasy?

☐ Yes ☐ No (if no, skip to question 4)

a) If you answered yes to question 3, what controlled substances do you use? _____

b) If you answered yes to question 3, how would you describe your usage?

☐ **Infrequent** (less than 4 times during the past 12 months)
☐ **Casual** (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)

c) If you answered yes to question 3, 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**

d) If you answered yes to question 3, does a medical doctor authorize your use of controlled substances?

☐ Yes ☐ No

e) If you answered yes to question 3, do you have a prescription authorizing the use of controlled substances?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

_____

_____

5) Have you EVER been convicted of a misdemeanor or felony crime of domestic violence?

☐ Yes ☐ No

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

☐ Yes ☐ No

If you answered yes to question 6, what state required you to register? _____

Is the requirement to register still in effect? Explain: _____

_____

7) If you answered YES to questions 1 through 6 above, do you currently possess a firearm that is in working order?

☐ Yes ☐ No If yes, who manufactured the firearm? (i.e. Glock, Ruger, Winchester, Remington)

☐ 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.**

☐ Yes ☐ No I WANT MY CONCEALED HANDGUN LICENSE INFORMATION TO BE KEPT CONFIDENTIAL AND TO BE PROTECTED FROM RELEASE TO THE PUBLIC.

☐ Yes ☐ No I APPLIED FOR A CHL AS A PERSONAL SAFETY MEASURE AND I WANT ALL INFORMATION ABOUT MY APPLICATION OR LICENSE PROTECTED FROM RELEASE TO THE PUBLIC.

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

If your address changes at any time while you have a Concealed Handgun License, notify the Clatsop County Sheriff's Office within 30 days of the change of address to obtain a new license. There is a $15 dollar fee to issue the new license with the updated address. ORS 166.291(5)(C).

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.

Administrator
Mental Health Division
2575 Bittern St. NE
Salem, OR 97310

Dear Sir:

Pursuant to ORS 426.160 (2), I hereby request that you release to the Sheriff of Clatsop County, any and all information that you may have concerning any mental illness proceedings against me under ORS 426.130.

I direct you to release to the Sheriff of Clatsop County any and all the following records concerning me within your possession, if any exist, and if no information exists that you notify the Sheriff of such:

A. Records of any commitment to the Mental Health Division under ORS 426.130 within four (4) years prior to January 1, 1990;

B. Records of any finding of mental illness and orders prohibiting me from purchasing or possessing a firearm because of mental illness.

_____
Signature

Print Name:

_____
Last: First Middle

Date of Birth:_____

Sex: _____ Race: _____

Witnessed by: _____
Deputy

Date:_____

OFFICE USE ONLY

☐ Reference Letter Mailed Reference Letters Returned ☐ ☐

☐ LEDS/WA State Mental Health Check

☐ LEDS Criminal Check

☐ Incident Check

☐ ODL Check

☐ Enter Interesting Person Application in LEDS

☐ SID Number _____

☐ Final Approval Date: _____

☐ Denial Date: _____

☐ Modify Interesting Person

☐ Permit Mailed Date: _____

☐ Denial Letter Mailed Date: _____

Reason: _____

_____

NOTES:

_____

_____

_____

_____

_____