

DOUGLAS COUNTY SHERIFF'S OFFICE
Justice Building , Roseburg, Oregon 97470, (541) 440-4450

APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

I _____, hereby declare as follows:

* I am at least 21 years of age, and a citizen of the United States. If I am **NOT** a citizen, I am a legal resident alien who can document continuous residency in the county for at least 6 months **AND** have declared in writing to immigration and naturalization service my intention to become a citizen (INS FORM 300) and can present proof of written declaration to the sheriff at the time of application.

* I have been discharged from the jurisdiction of the juvenile court for more than four years if, while a minor, I was found to be within the jurisdiction of the juvenile court for having committed an act which, 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 **WITHIN** the last 4 years a misdemeanor. This includes being found guilty by reason of insanity under ORS 161.295. There are also **NO** outstanding warrants for my arrest and I am **NOT** free on any form of pretrial release.

* I have **NOT** been committed to the Mental Health and Developmental disability services division under ORS 426.130, nor have I been found mentally ill and subject to an order prohibiting me from purchasing or possessing a firearm because of mental illness.

* I am **NOT** subject to a citation or an order issued for stalking, or an order issued under the family abuse prevention act. ORS 163.735-163-738, & ORS 107.700-107.732.

* If any of the previous conditions do apply, I have been granted relief from the disability under ORS 166.274, 166.294, **or** 18 U.S. C. 925(c) **or** had the record expunged.

* I meet the requirements of ORS 166.291 and understand I will be photographed, and if a new applicant, fingerprinted.

* The information that you disclose on this document may be subject to public disclosure under the Oregon Public Records Act. Douglas County does not guarantee that your information can or will be kept confidential.

I have read the entire application and the statements therein are correct and true. (Making false statements on this application is a Misdemeanor).

Signature _____

Date _____

Additional information required on the back

NAME _____ SEX _____ RACE _____
(Last) (First) (Full Middle)

ALL OTHER NAMES USED PAST/PRESENT _____
(previous married names, adopted name, birth name, nicknames)

DOB _____ POB _____ U.S. CITIZEN? _____
(Date of Birth) (STATE of Birth)

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

DRIVER'S LICENSE NUMBER _____ Exp _____ SSN _____
(Social Security Number)

STREET ADDRESS _____ HOW LONG? _____
(Street) (City) (Zip Code)

MAILING ADDRESS IF DIFFERENT _____

PLACE OF EMPLOYMENT _____

HOME PHONE _____ WORK PHONE _____

PREVIOUS ADDRESS: (If less than 3 years at current address)

_____ HOW LONG? _____

_____ HOW LONG? _____

CHARACTER REFERENCES:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

DATE RECEIVED _____

OFFICE USE ONLY

NEW _____ RENEWAL _____ DUPLICATE _____ ADDRESS/NAME CHANGE _____ TRANSFER FROM: _____

COMPETENCY DEMONSTRATED BY _____ EXP DATE _____ I.D. _____ / _____

FEES: NEW APPLICATION \$65.00 RENEWAL \$50.00 TRANSFER/ADDRESS CHANGE/ NAME CHANGE/REINSTATEMENT/DUPLICATE \$15.00

CASH CHECK# _____ BANK CARD: VISA OR MASTER CARD

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LEDS ENTRIES:

QWHD _____ QMEN _____ QPO _____ QCD _____ APPLICATION PENDING _____

FBI# _____ SID# _____ PERMIT NUMBER _____

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PERMIT ISSUED/DENIED _____ MAILED _____ EXPIRATION DATE _____

Comments:

