

CONCEALED HANDGUN LICENSE

READ THIS INFORMATION CAREFULLY!!

**Applications are accepted Monday through Friday from
9:00 a.m. - Noon and 1:00 p.m. - 4:00 p.m.**

At the time you submit your application you will be fingerprinted, photographed and the fees will be collected. **\$50.00 to Josephine County Sheriff Cash or Money Order (No Personal Checks accepted by the Josephine County Sheriff's Office)** and **\$15.00 to Oregon State Police. (The \$15.00 must be Check or Money Order)** These fees are non-refundable and cover the cost of the background investigation and processing as required by law. Please provide bring a self-addressed stamped envelope for notification when your permit approval process is complete.

You must be able to demonstrate handgun competency at the time you apply by any of the following methods. A copy of the documentation must be turned in with the application.

1. Completion of any NRA firearms safety or training course if handgun safety was a component of the course.
2. Completion of any firearms safety or training course or class available to the general public offered by law enforcement, community college, private or public institution or organization or firearms training school utilizing instructors certified by the NRA or law enforcement agency if hand gun safety was a component of the course.
3. Completion of any law enforcement firearms safety or training course or class offered for security guards, investigators, reserve law enforcement officers or any other law enforcement officers if handgun safety was a component of the course.
4. Present evidence of equivalent experience with a handgun through participation in organized shooting competition or military service (DD214). Your military forms **must** indicate **HANDGUN SPECIFIC** training to be considered for handgun competency.
5. Is licensed or has been licensed to carry a firearms in the state of Oregon, unless the license has been revoked.
6. Completion of any firearms training or safety course of class conducted by a firearms instructor certified by a law enforcement agency or the NRA if handgun safety was a component of the course.

WHEN YOU APPLY BRING:

1. Your completed application
2. 2 pieces of I.D. (one with a photo the other **NOT** a credit or debit card)
3. Proof of Handgun Competency
4. Required **Cash** for Sheriff's Office and **Check or Money Order** for OSP
5. **Self-Addressed Stamped Envelope**

CONCEALED HANDGUN LICENSE REQUIREMENTS

1. Be at least 21 years of age
2. Be a resident of Josephine County.
3. Not have any outstanding warrants for arrest.
4. Not be free on any form of pretrial release.
5. Not have been convicted of or found guilty of a Felony, except for insanity under ORS 161.295.
6. Not have been convicted of or found guilty of a Misdemeanor, except for insanity under ORS 161.295, within the **four years** prior to the application.
7. Not have been committed to the Mental Health Division under ORS 426.130 within four years prior to the application.
8. Not have been found mentally ill and not be subject to an order under ORS 425.130 that prohibits applicant from purchasing or possessing a firearm as a result of that mental illness.

Note: An applicant who has been granted relief under 1989 OREGON LAWS CHAPTER 839 Section 11 or 18 USC 925(c) or has had their record expunged under the laws of this state or equivalent laws of other jurisdictions is not subject to the disabilities listed in E through H.

9. Irrespective of conditions 3 through 8 and subject to review under 1989 Oregon Laws Chapter 839, Section 11, the application may be denied if there are reasonable grounds to believe that the applicant has been or is reasonably likely to be danger to self or others, or the community at large, as a result of the applicants mental or psychological state, as demonstrated by past pattern of behavior or participation in incidents involving unlawful violence or threats of unlawful violence. These conditions may include, but are not limited to:
 - A. A history which shows an inclination toward confrontation with others, including neighbors, family members, etc.
 - B. A history of conflict with law enforcement officers.
 - C. Offenses involving firearms.
 - D. Documented problems involving alcohol and/or drug abuse.
10. Demonstrate competence with a handgun as required by law.



CONCEALED HANDGUN LICENSE APPLICATION

I hereby declare as follows:

I am a citizen of the United States or a legal resident alien who can document continuous residency in the 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 at least 21 years of age. 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 by ORS 166.470. I have never been convicted of a felony or found guilty, except for insanity under ORS 161.295, 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, except for insanity under ORS 161.295, of a misdemeanor. There are 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 425.130 within four years prior to January 1, 1990, nor have I been found mentally ill and presently subject to an order prohibiting me from purchasing or possessing a firearm because of mental illness. If any of the previous conditions do apply to me, I have been granted relief from the disability under ORS 166.274 or 166.293 or 18 U.S.C. 925(c) or have had the records expunged. I understand I will be fingerprinted and photographed. I hereby declare that I meet the requirements of ORS 166.291 subsection (1)(a) to (j). I have read the entire text of this application and the statements therein are correct and true. (Making false statements on this application is a misdemeanor).

(Signature of Applicant)

(Date of App.)

FULL NAME: _____ BIRTH DATE: _____

STREET ADDRESS: _____ CITY: _____

ZIP: _____ TELEPHONE: _____

MAILING ADDRESS: _____ CITY: _____

ZIP: _____ PLACE OF BIRTH: _____ DRIVER'S LIC. # _____

SOCIAL SECURITY NUMBER: ____/____/____ (Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.420. It will be only used as a means of identification.)

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

OTHER NAMES USED (Maiden/Previous Married): _____

Approved: _____ **Denied:** _____ **By:** _____

Gil Gilbertson, Sheriff

Date: _____ **License #:** _____ **Date Expires:** _____

If Denied, reason:

RESIDENCE FOR LAST THREE YEARS:

CITY: _____ STATE: _____ COUNTY: _____

CITY: _____ STATE: _____ COUNTY: _____

CITY: _____ STATE: _____ COUNTY: _____

REFERENCES:

NAME: _____ TELEPHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
NAME: _____ TELEPHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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**CONCEALED HANDGUN LICENSE APPLICANT
AUTHORIZATION TO RELEASE INFORMATION**

I understand and agree to the following terms:

My issuance of a Concealed Handgun License by the Josephine County Sheriff's Office is contingent upon an investigation of my background in accordance with ORS 166.291. I understand that the Josephine County Sheriff's Office will conduct an investigation including any criminal records or mental health commitments.

By my signature I hereby authorize the Josephine County sheriff's Office to contact various individuals, employers, mental or medical health sources or other agencies to further determine my eligibility for a Concealed Handgun License if determined necessary due to indications that I may be a danger to myself or others or to the community at large. These indications may be the result of my mental or psychological state as demonstrated by a past pattern of behavior or participation in any incident involving unlawful violence of threat of unlawful violence, inclination toward conflict with others, conflict with law enforcement officer, offenses involving firearms or documented problems involving alcohol or illegal drug use.

The recipient of a copy of this signed document is hereby authorized to divulge information to the Josephine County Sheriff's Office concerning any of the above indicated conditions. The undersigned applicant hereby releases the providers of any such information from any liability or damage which may arise from furnishing information requested by the Josephine County Sheriff's Office.

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

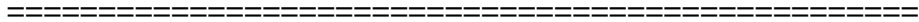
Date

(To be Signed at Sheriff's Office)

Signature of Deputy Witness

Date

OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE



DATE **INITIALS**

_____ _____ Application & self-addressed envelope reviewed & accepted
_____ _____ Two Pieces of Identification. (1 with Photo)
_____ _____ Type: _____ Number: _____
_____ _____ Type: _____ Number: _____
_____ _____ Handgun Competence Verified (Attach Copy to Application)
_____ _____ Applicant Photographed
_____ _____ Applicant Fingerprinted. Card filled out by applicant.
_____ _____ Fees Paid: _____ \$50 - Josephine Co SO _____ \$15 - OSP
_____ _____ Application & Mental Health Release signed by Applicant

_____ _____ Prints & Fees mailed to OSP Returned: _____
_____ _____ SID #: _____
_____ _____ FBI #: _____

_____ _____ Law Enforcement Dept. Checks
_____ _____ _____ Returned: _____30 days N/R_____

_____ _____ Mental Health Query
_____ _____ CCH:
_____ _____ Felony Convictions? _____Yes _____No
_____ _____ Misdemeanor Convictions? _____Yes _____No
_____ _____ ODL Check
_____ _____ California Convictions? _____Yes _____No CII #: _____
_____ _____ Other SID's _____

_____ _____ Department Record Checks: PI
_____ _____ Permit Info Entered
_____ _____ Applicant Notification Letter Mailed if Old Permit Needed to be Returned
_____ _____ CCW Info Letter Mailed____ or Handed Out____
_____ _____ Permit Mailed to Applicant____ or Handed Out____
_____ _____ Entered in LEADS LNU #: _____
_____ _____ Entered in P.I.
_____ _____ QC'd