

# CONCEALED HANDGUN LICENSE RENEWAL

**READ THIS INFORMATION CAREFULLY!!**

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

**You MUST renew before your license expires if you wish your license to remain in force while your renewal is processed. The issuance process takes approximately 45 days. You may renew on or before the date your permit expires and your receipt will extend your permit for the 45 day processing period.**

At the time you submit your application for renewal you will be photographed and the fees will be collected (**•\$50 Cash• The Josephine County Sheriff's Office does not accept personal checks.**) These fees are non-refundable and cover the cost of the background investigation and processing as required by law. You will also need to bring a **self-addressed stamped envelope** for notification purposes when the approval process is complete.

## **WHEN YOU APPLY BRING:**

1. Your completed application.
2. Cash for the Sheriff's Office.
3. Two pieces of identification – Your Driver's License and Concealed Handgun License.
4. A self-addressed stamped envelope for notification when process is complete.



# JOSEPHINE COUNTY SHERIFF'S OFFICE

## 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: \_\_\_\_\_ ODL: \_\_\_\_\_

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, Nickname): \_\_\_\_\_

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.

**(To be Signed at Sheriff's Office)**

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

\_\_\_\_\_  
Signature of Deputy Witness Date \_\_\_\_\_

