



HARNEY COUNTY SHERIFF'S OFFICE

485 N. Court Ave. Burns, OR 97720

541-573-6156

GETTING A HANDGUN LICENSE

BRING THE FOLLOWING ITEMS TO YOUR APPOINTMENT:

1. A completed Concealed Handgun License Application.
2. A valid Oregon Driver's License showing an address in Harney County to prove residency.
3. One other form of ID (not a credit card or debit card)
4. Alternatively, provide current property taxes showing you own property in Harney County, OR.
5. Cash, check, or money order in the **exact amount**. You must pay the non-refundable processing fee to cover the costs associated with the fingerprints and background checks. This fee is due upon submission of the completed application. We also accept all major credit cards.
6. You must be able to demonstrate firearms competence by any of the methods below:
 - Completion of any NRA Firearms safety or training course if handgun safety was a component of the course;
 - Completion of any hunter education or hunter safety course approved by the State Department of Fish and Wildlife or a similar agency of another state if handgun safety was a component of the course;
 - Completion of any firearms safety or training course or class available to the general public offered by law enforcement, community college, private or public instruction or organization, or firearm training school utilizing instructors certified by the NRA or law enforcement agency if handgun safety was a component of the course;
 - Completion of any law enforcement firearms safety or training course or class offered for security personnel, investigators, reserve law enforcement officers or any other law enforcement officer if handgun safety was a component of the course;
 - Present evidence of equivalent experience with a handgun through participation in organized shooting competition or military service. Military documents (i.e. DD214) must be specific in stating that your training involved a handgun or pistol;
 - Proof you are licensed or have been licensed to carry a firearm in this state, unless the license has been revoked;
 - Completion of any firearms training or safety course or class conducted by a firearms instructor certified by a law enforcement agency or the NRA if handgun safety is a component of the course.
7. Proof of US citizenship if you were not born in the United States, but have become a naturalized US citizen or were born in a foreign country as a US citizen must present proof of citizenship at the time of appointment.
 - Methods to prove citizenship status:
 - A valid US Passport
 - Certificate of Citizenship
 - Certified copy of US Birth Certificate
 - Original Naturalized Citizenship Certificate

CONCEALED HANDGUN LICENSE GENERAL INFORMATION

You must be at least 21 years old.

Your principal residence must be in Harney County to be eligible for a concealed handgun license. Provide proof of residence by showing a valid Oregon Driver's License or documentation that you own or lease property in Harney County.

Pass a background check. The purpose of the background check is to verify that all required paperwork has been completed. In addition, if the applicant meets all criteria specified, the sheriff may deny a concealed handgun license if the sheriff has reasonable grounds to believe that the applicant has been or is reasonably likely to be a danger to self or others, or to the community at large, as a result of the applicant's mental or psychological state, as demonstrated by past pattern of behavior or participation in incidents involving unlawful violence or threats of unlawful violence (ORS 166.293(2)). A criminal record check, including the National Crime Information Center (NCIC), a driving record check with the Oregon Department of Motor Vehicles, and a check with the Oregon Department of Corrections will be completed.

Pay non-refundable processing fee to cover the costs associated with the fingerprinting and background checks. This fee is due upon submission of the completed application.

You must also provide proof of firearms training as outlined in Getting A Handgun License.

To renew your Concealed Handgun License:

You will need a new application

Bring a Valid Oregon Driver's License with your current Harney County address, or other documentation to prove residency.

Payment. Check, made out to Harney County Sheriff's Office, or exact cash (we cannot make change). Fees are non-refundable. We also accept all major credit cards.

All CHLs are valid for four (4) years unless cancelled or revoked during that time.

CONCEALED HANDGUN LICENSE FEES:

New permit (Application & fingerprints)	\$115.00
Renewal/Transfer License	\$75.00
Replacement card	\$15.00
Address change	\$15.00



HARNEY COUNTY SHERIFF'S OFFICE

CONCEALED HANDGUN LICENSE APPLICATION

EVERYTHING MUST BE COMPLETELY FILLED OUT. IF IT DOES NOT APPLY, PLEASE PUT N/A. IF THE APPLICATION IS NOT COMPLETED ENTIRELY, IT WILL NOT BE PROCESSED.

NAME: LAST NAME FIRST NAME MIDDLE (FULL)

OTHER NAMES USED: NEW Applicant Renewal Transfer (Circle One) (AKA, MAIDEN, ALIAS, OTHER LAST NAMES USED) PUT N/A IF IT DOESN'T APPLY

ADDRESS: CURRENT RESIDENCE CITY STATE ZIP

MAILING: (IF DIFFERENT FROM STREET ADDRESS) PUT N/A IF NOT APPLICABLE CITY STATE ZIP

PHONE NUMBER(S): HOME/CELL WORK/OTHER

BIRTH DATE: DRIVER'S LIC#: STATE: EXP YEAR:

SSN: PLACE OF BIRTH (CITY/STATE): Disclosure of your SSN is voluntary. Solicitation of the number is authorized under ORS 166.240. It will only be used as a means of identification. If you were born in a foreign country, you must provide proof of citizenship or naturalization.

SEX: RACE: HAIR: EYE: HEIGHT: WEIGHT:

RESIDENCE FOR LAST THREE YEARS:

REFERENCES: *** NOT REQUIRED TO FILL OUT REFERENCES IF YOU'RE APPLYING FOR A RENEWAL *** NAME: PHONE: ADDRESS: CITY: STATE: ZIP: NAME: PHONE: ADDRESS: CITY: STATE: ZIP:

OFFICE USE ONLY DO NOT WRITE BELOW

APPROVED: DENIED: BY:

DATE ISSUED LICENSE#: DATE EXPIRES

IF DENIED, REASON: REVOCATION LETTER SENT (YES/NO):

MENTAL HEALTH QUERY: CCH: FELONY CONVICTIONS: MISDEMEANOR CONVICTIONS: LEDS/NCIC:

RMS: OR/SID#: FBI#: COMPETENCY:

ID 1 TYPE: NUMBER: EXPIRATION YEAR:

ID 2 TYPE: NUMBER: EXPIRATION YEAR:

PROCESSED BY:



HARNEY COUNTY SHERIFF'S OFFICE

CONCEALED HANDGUN LICENSE APPLICATION

Instructions: Initial each box indicating that you have read each statement below and declare the statement is true. Anything not initialed will result in an incomplete application and will be unable to process.

_____ **I am a citizen of the United States** or a legal resident alien who can document continuous residency in the country for at least six months and have declared in writing to the United States Citizenship and Immigration Services my intention to become a citizen and can present proof of the written declaration to the sheriff at the time of the application.

_____ I am at least **21 years** of age.

_____ I am a resident of **Harney County**.

_____ **I have not been under the jurisdiction of the juvenile department in the last four years** of committing an act, that if committed by an adult would constitute a felony or misdemeanor involving violence as defined in ORS 166.470.

_____ I have **not** been **committed to the Department of Human Services** under ORS 426.130, **nor** have I been found mentally ill and presently subject to an order prohibiting me from purchasing or possessing a firearm because of a mental illness. If any of the previous conditions do apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or 166.293 or 18 USC 925 (c) or have had the record expunged.

_____ **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.

_____ 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**.

_____ There are **no outstanding warrants for my arrest** and **I am not free on any form of pretrial release**.

_____ I am not subject to a citation issued under ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.735, or 163.738 (**stalking or restraining orders**).

_____ **I have never received a dishonorable discharge** (enlisted members) or received a **Dismissal** (commissioned officers) from the Armed Forces of the United States.

_____ **I am not required to register as a sex offender** in any state.

_____ If any of the previous conditions do apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or section 5, chapter 826, Oregon Laws 2009, or 18 USC 925(c) or have had the records expunged. **If this does not apply to you, please put N/A.**

_____ I understand that I will be fingerprinted and photographed.

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 Harney County Sheriff's Office is contingent upon an investigation of my background in accordance with ORS 166.291. I understand that the Harney County Sheriff's Office will conduct an investigation including any criminal records or mental health commitments.

By my signature, I hereby authorize the Harney 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 or threat of unlawful violence, inclination toward conflict with others, conflict with law enforcement officers, offenses involving firearms or documented problems involving alcohol or illegal drug use.

_____ I have read the entire text and understand this application, and the statements therein are correct and true. I further understand that making false statements on this application is a misdemeanor crime and that I am subject to prosecution and automatic denial or revocation.

YES NO I AM REQUESTING THAT MY APPLICATION AND INFORMATION BE MAINTAINED AS CONFIDENTIAL AND NOT BE RELEASED TO THE PUBLIC.

Signature of Applicant

Date

Signature of Deputy Witness

Date