



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: (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#: EXP YEAR:

SSN: PLACE OF BIRTH:

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:

*** NOT REQUIRED TO FILL OUT REFERENCES IF YOU'RE APPLYING FOR A RENEWAL ***

REFERENCES:

NAME: PHONE:

ADDRESS:

CITY: STATE: ZIP:

NAME: PHONE:

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 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.

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

OFFICE USE ONLY DO NOT WRITE BELOW

APPROVED: _____ DENIED: _____ BY: _____

DATE ISSUED _____ LICENSE#: _____ DATE EXPIRES _____

IF DENIED, REASON: _____

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: _____



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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.

_____ 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.