



APPLICATION FOR LICENSE TO CARRY A CONCEALED HANDGUN DOUGLAS COUNTY SHERIFF'S OFFICE

Jim Burge, Sheriff

*Concealed Handgun License Unit
1036 S.E. Douglas Ave. Justice Bldg Room 210
Roseburg, OR 97470 (541) 957-2021*

To qualify for a concealed handgun license, you must meet the following requirements.

I am a citizen of the United States. (If you were not born in the U.S., please refer to page 3 for details.) If I am **NOT** a U.S. citizen, I am a legal resident alien who can document continuous residency in Douglas 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 I was 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. This includes being found guilty of a felony by reason of insanity under ORS 161.295, in the State of Oregon or elsewhere. (See page 2 for more details.)

I have **NOT** been convicted of a misdemeanor within the last four years from the date of this application. This includes being found guilty of a misdemeanor by reason of insanity under ORS 161.295 in the State of Oregon or elsewhere. (See page 2 for more details.)

I have **NOT** been convicted of an offense involving controlled substances or participated in a court-supervised drug diversion program. I understand that if I have been convicted **ONLY** once for Possession of less than 1 ounce of marijuana under ORS 475.864 (3) and have not completed a court-supervised drug diversion program under ORS 135.907 or I have completed a court-supervised drug diversion program under the listed statute and have not been convicted of violating Possession of less than 1 ounce of marijuana under ORS 475.864 (3) that I may still apply for a concealed handgun license.

I have **NEVER** been convicted of a misdemeanor crime of domestic violence, as defined in the Gun Control Act of 1968.

I am **NOT** a registered sex offender.

I have **NOT** been dishonorably discharged from the military.

There are no outstanding warrants for my arrest **AND** I am not free on any form of pre-trial release. (See page 2 for more details.)

I have **NOT** been committed to the Mental Health and Developmental Disabilities Services Division under ORS 426.130, nor have I been found mentally ill and been prohibited from possessing a firearm because of mental illness.

For those previous criminal or mental health conditions that do apply to me, I have been granted relief from the disability under ORS 166.274 or 18 U.S.C. 925(c). Proof of relief must be attached to this application.

I meet the requirements of ORS 166.291 (f) (A) to (G) of competency with a handgun, **AND** I know I must bring documentation to my appointment or my application will not be approved. (See page 3 for more details.)

I understand that I will be fingerprinted (new applicants only) and photographed (all applicants).

DO NOT REPEAT COMPETENCY FOR RENEWALS

You must be able to document compliance of ORS 166.291 (f) by one of the methods provided by law as follows:

- (A) 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.
 - (B) Completion of any NRA firearms safety or training course if handgun safety was a component of the course.
 - (C) Completion of any firearms safety or training course or class available to the general public offered by law enforcement, community college or private or public institution or organization or firearms training school utilizing instructors certified by the NRA or a law enforcement agency if handgun safety was a component of the course.
 - (D) 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.
 - (E) Presents evidence of equivalent experience with a handgun through participation in organized shooting competition or military service. To present proper documentation through the military service, please bring your DD214. **Your DD214 MUST indicate training/qualification with a handgun, sidearm or pistol.** Should your DD214 indicate only "small arms qualification" it does not qualify as handgun training. In this case, you will need to take a handgun safety course to meet this requirement. Sorry, there are not exceptions allowed by law.
 - (F) Is licensed or has been licensed to carry a firearm in this state, **unless the license has been revoked.**
 - (G) 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 was a component of the course.
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United States Citizenship Requirements

Applicants who were not born in the United States but who have become naturalized U.S. citizens, or who were born in foreign countries as U.S. citizens, must present proof of citizenship at the time of appointment (note - do not mail them; bring them to your appointment.) . A work permit or a legal resident alien card does **not** meet this requirement.

Methods that can prove your citizenship status include a U.S. Passport, a certificate of citizenship, an FFS240 (Foreign Service Document) issued at birth, a U.S. Birth Certificate or your original naturalized citizenship certificate. **No photocopies accepted.**

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you ever been dishonorably discharged from the United States Armed Forces?
 Yes No If yes, when _____
2. Have you ever renounced your United States citizenship?
 Yes No If yes, when _____
2. Do you currently use controlled substances such as marijuana, cocaine, methamphetamine, LSD, or ecstasy?
 Yes No (If no, skip to question 4.)
 - 3a. If you answered yes to question 3, what controlled substances do you use? _____
 - 3b. If you answered yes to question 3, how would you describe your usage?
 Infrequent (less than 4 times during the past 12 months)
 Casual (4 to 12 times during the past 12 months)
 Frequent (at least 12, but less than 24 times during the past 12 months)
 Regular (once a week or more)
 Other _____
 - 3c. If you answered yes to question 3, approximately how long have you been using controlled substances?
 Less than 3 Months
 3 to 6 Months
 6 Months to 1 Year
 More than 1 Year
 - 3d. If you answered yes to question 3, is your use of controlled substances authorized by a medical doctor?
 Yes No
 - 3e. If you answered yes to question 3, do you have a prescription authorizing the use of controlled substances?
 Yes No
3. Are you subject to any type of restraining or stalking order issued by any court?
 Yes No (If you answered yes go to question 5, if you answered no, skip to question 6)
4. If you are subject to a restraining or stalking order, please provide information about the order: _____

_____.
5. Have you EVER been convicted of a misdemeanor crime of domestic violence?
 Yes No If yes, when? _____
6. If you answered Yes to questions 1 through 6 above, do you currently possess a firearm?
 Yes No If yes, who manufactured the firearm? (i.e. Glock, Ruger, Winchester, Remington)

Permit# _____

New / Renewal / Transfer

PRINT FULL LEGAL NAME _____, _____, _____
Last First Middle Date of Birth

ALL other names Used: _____

OREGON DRIVER'S LICENSE MUST REFLECT YOUR CURRENT DOUGLAS COUNTY RESIDENTIAL ADDRESS.

Oregon Drivers License #: _____ Expiration Year: _____ Race: _____ Sex: _____

Height _____ Weight: _____ Eye Color: _____ Hair Color: _____ :Place of Birth: _____
Or foreign country

Social Security Number _____ (Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.420. It will be used only as a means of identification.)

New applicants, transfers, and those renewing licenses must provide this proof.

Current Douglas County **RESIDENTIAL** Street Address:

Mailing Address (if different):

Numbers and Street name _____ How long at address? _____

P.O. Box _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Home Phone Number _____

ADDRESSES - List resident addresses for the past three years:

Place of Employment: _____ Work Phone Number: _____

E-MAIL ADDRESS FOR SHERIFF'S OFFICE UPDATES (KEPT CONFIDENTIAL): _____

LIST ALL STATES LIVED IN AS AN ADULT (18 YRS AND OLDER)

REFERENCES

List two character references:

Name and complete mailing address/phone#:

CAUTION: Possession of a concealed handgun license does not authorize you to carry a firearm in any federal building, on airport property or in any courthouse where the presiding judge has posted notice of such prohibition. The Douglas County Courthouse and the Justice Building are posted with this prohibition. If you are apprehended with a weapon on these premises your concealed handgun license may be seized and returned to the Sheriff, and you may be arrested and charged with a crime.

I have read and understand this application. All information submitted is correct. I further understand that making false statements on this application is a misdemeanor and I am subject to prosecution and automatic denial or revocation. **All payments are non-refundable.** I further understand Oregon law considers this application public information.

Signature of Applicant: _____ Date Signed: _____

If your address changes at any time while you have a Concealed Handgun License, notify the Concealed Handgun Unit within 30 days of the change of address to obtain a new license. There is a \$15 dollar fee to issue the new license with the updated address. ORS 166.291(5)(C).

Attention all concealed handgun license holders:

You **must** carry your valid concealed handgun license with you whenever you carry a concealed handgun. Failure of a person who carries a concealed handgun also to carry a concealed handgun license is prima facie evidence that the person does not have such a license.

It is the responsibility of the individual license holder to be aware of the expiration date of their license and notify the Sheriff's Office.

ORS 166.295 (2) If a licensee changes residence, the licensee shall report the change of address and the Sheriff shall issue a new license as a duplication for a change of address. The license shall expire upon the same date as would the original.

***** To be filled in by Sheriff's Office Personnel*****

PROOF OF IDENTIFICATION: (Two pieces of current identification are required, one of which must bear a photograph of the applicant. The type of identification and the number on the identification will be filled in by the Sheriff's Office.)

ID #1Type _____ Number: _____

ID #2Type _____ Number: _____

Instructor _____ NRA #: _____

DOT: _____

- SO Rec - QCRC ODL EIP entered _____

Date Received: _____ Date Issued: _____ Expiration Date: _____ Approved By: _____

Amount Paid _____ (check / cash / VISA or MASTERCARD) _____

OR/SID _____ FBI _____