



Washington County Concealed Handgun License Application

Sheriff Pat Garrett
Concealed Handgun Unit
215 SW Adams Avenue, MS 32
Hillsboro, OR 97123-3875
503-846-2761

Appointments are required for new applicants please mail the completed application.

Do not send payment with application. You will receive an appointment notice via mail within 3 weeks.

Application Type: New \$65 Renewal \$50 Transfer Only \$30 Transfer & Renewal \$65
 Address Change \$15 Name Change \$15 Duplicate \$15 Reinstatement \$15

All applicants must provide proof of citizenship. New applicants must provide two pieces of current identification at time of appointment. One ID must bear a photograph of the applicant.

Full Legal Name: _____
First Middle Last Alias/Maiden Name

Drivers Lic #: _____ State: _____ Expires: _____ Age: _____ Sex: Male Female

Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
mm/dd/yyyy

Current Residential Street Address:

Mailing Address (if different than street address):

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip Code: _____ How long at this address? _____ Zip Code: _____

Place of Birth: State: _____ or Country: _____ Race/Ethnicity: _____

List all states you lived in as an adult (18 years +) including military bases: _____

Privacy Questions:

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 Concealed Handgun License as a personal safety measure; I do not want any information about my application or CHL status released to the public.

Contact Phone Numbers: Home #: _____ Cell #: _____ Work #: _____

E-Mail Address: (kept confidential): _____

Social Security Number (Optional): _____

Disclosure of your Social Security account number is voluntary. Solicitation of the number is authorized under ORS 166.291. It will be used only as a means of identification.

NEW APPLICANTS / RENEWALS / TRANSFER / REINSTATEMENT: PLEASE CONTINUE TO NEXT PAGE ----->

****Address Change/Duplicate/Name change: Sign here: _____ DATE _____**

Office Use Only	QMEN	DMV	QWHD	NCIC	DOC	PPDS	OJIN	AM	MSG	DO
Date Issued: _____	Approved By: _____	Amount Paid: _____								
OR /SID#: _____	Date of Appointment: _____									
FBI#: _____	Expiration Date: _____									
ID #2: _____	Citizenship Documentation: _____									
Competency Instructor _____	NRA# _____									
Revised 4/25/2012	CHL ID # _____									

Qualifications:

You are required to answer the following questions to provide sufficient information to complete a full background check. Failure to answer any question will result in your application being denied as incomplete. Making a false statement in this application may result in prosecution for a misdemeanor and will result in an automatic denial of your application.

True False I am at least 21 years of age.

True False Not applicable 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.

True False 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.

True False 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.

True False There are no outstanding warrants for my arrest **AND** I am not free on any form of pre-trial release including diversion. (DUII)

True False 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.

True False I meet the requirements of ORS 166.291 (f) (A) to (G) of competency with a handgun; **New applicants** must bring documentation to the appointment or the application will not be approved.

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

1.) Have you ever been dishonorably discharged from the United States Armed Forces? Yes No
If yes, when? _____

2.) Have you ever been convicted of an offense (including a violation or infraction) involving controlled substances? A controlled substance is defined under ORS 475.005(6). Examples include but are not limited to marijuana, ecstasy, heroin, cocaine, LSD, peyote, or methamphetamine. Alcohol is not a controlled substance.) Yes No
If yes, when and where? _____

3.) Have you ever been in a court-ordered diversion program related to controlled substance charge including violations and infractions? Yes No
If yes, when and where? _____

4.) Are you subject to any type of restraining or stalking order issued by any court? Yes No

4a. If you are subject to a restraining or stalking order, please provide information about the order: WHEN AND WHERE WAS THE ORDERED ISSUED?

5.) Have you ever been required to register as a sex offender in any state? Yes No

5a. If you answered Yes, what state required you to register? _____

5b. Is the requirement to register as a sex offender still in effect? Yes No

Explain: _____

Citizenship Documentation:

All new, renewal and transfer applicants must provide documentation of citizenship. ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED.

I am a citizen of the United States and I am providing the following documentation as proof of citizenship. Select One: US Birth Certificate US Passport FFS240 (Military Service Foreign Birth) Naturalized

I am a legal resident alien who can document continuous residency in Washington County for at least six months; **I have declared in writing to the Immigration and Naturalization Service my intention to become a citizen and I can present proof of receipt (the N-300 or N-400 form) to the Sheriff at the time of this application.** N-300 Form N-400 Form
I will be eligible to apply for citizenship on: _____

Residency Requirements:

Please select one of the following:

I have a current Oregon driver's license showing a residence address in the county.

I am registered to vote in Washington County and I have a precinct memorandum card showing a residence address in Washington County.

I have documentation showing that I currently own or lease real property in the county.

I have documentation showing that I filed an Oregon tax return for the most recent tax year showing a residence address in the county.

List resident addresses for the past 3 years if different than your current address:

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Out of State Applicants:

True I currently live in a contiguous state and am applying as an out of state applicant.

All out of state new applicants and renewals must include a statement of compelling business interest or other legitimate demonstrated need which exhibits a correlation to Washington County.

Address Change Requirements for All Applicants:

Please initial each:

___ I understand that I am required to provide the Sheriff’s Office with my current address. ORS 166.291(3) (a).

___ I understand that the fee for a change of address is \$15.00. ORS 166.291(5) (C).

___ I understand that failure to update my address could be grounds for revocation of my Concealed Handgun License.

References for New Applicants Only:

References are required for New Applicants Only. List two character references that are not related to the applicant and not residing at applicant’s address.

1. Name: _____ Address: _____

City/State: _____ Zip Code: _____

2. Name: _____ Address: _____

City/State: _____ Zip Code: _____

Sworn Statement:

Oregon law prohibits the issuance of a concealed handgun license to anyone with a felony conviction, a misdemeanor conviction within the last four years or anyone on pretrial release. Oregon law allows for the denial of a concealed handgun license if the Sheriff determines you are a danger based upon a past pattern of unlawful violence or threats of unlawful violence.

CAUTION: Possession of a concealed handgun license does not authorize you to carry a firearm in any federal building, on secured airport areas or in any courthouse where the presiding judge has posted notice of such prohibition. The Washington County Courthouse and court rooms located in the Law Enforcement Center 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.

Initial: _____ 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.**

Signature of Applicant: _____ **Date Signed:** _____