

INSTRUCTIONS FOR COMPLETING THE ONLINE CHL APPLICATION

1. Save this application as a pdf to your computer before completing.
2. Complete the application from your saved location.
3. Send the application to CHLAPPS@co.washington.or.us as an attachment.
4. Schedule your appointment using the online calendar, choosing the correct appointment type.
5. Questions? Call 503 846 2761. The CHL staff will gladly assist you.

Washington County Concealed Handgun License Application



SHERIFF
WASHINGTON COUNTY

Sheriff Pat Garrett
Concealed Handgun Unit
215 SW Adams Ave MS#32
Hillsboro, OR 97123-3874
503-846-2761
www.WCSheriff-OR.com

Appointments are required for: New Applicants, Renewals and Transfers (from another Oregon Co). Please schedule your appointment using the "online scheduling calendar" on the Washington County Sheriff's office Concealed Handgun Licensing webpage or call the CHL Unit at 503-846-2761 for assistance.

New Applicants: Please email/mail only the completed application. Do not send payment or supporting documents with the application. All **new** applicants are required to show citizenship documentation at the time of appointment; see page 3 *Citizenship Documentation*. New applicants must also provide **two** pieces of unexpired identification at time of appointment. One ID must bear a photograph of the applicant.

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

Full Legal Name: _____
Last First Middle Suffix

All other names ever used:

1. _____ 2. _____ 3. _____

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

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

Residential Address:
Address: _____
City: _____ State: _____
Zip Code: _____ How long at this address? _____

Mailing Address (if different than Residential address):
Address: _____
City: _____ State: _____
Zip Code: _____

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

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

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

Email Address: (kept confidential): _____

Please check if you would like to receive the Washington County Sheriff's Office monthly newsletters and other communication

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.

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

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

Office Use Only	DMV	QWHD	NCIC	DOC	IPR	REJN	Ecourt	AM MSG	EN
Date Issued: _____	Approved By: _____	Amount Paid: _____							
OR /SID#: _____		Date of Appointment: _____							
FBI#: _____		Expiration Date: _____							
ID #2: _____		Citizenship Documentation: _____							
Competency Instructor _____		NRA# _____							
Revised 01/19	VALIDATED: _____	DATE _____				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. If false, were you granted relief from the firearms prohibition? Yes No

What State and Court: _____ When: _____

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 am not presently subject to an order under ORS 426.133 prohibiting me from purchasing or possessing a firearm.

True False I have completed a handgun safety class and I meet the requirements of ORS 166.291(1)(B)(f) (A) to (G) of competency with a handgun; **New applicants** must bring documentation to the appointment indicating that they have completed a handgun safety class. Any of the following are acceptable; Please see page 5 of this application for additional information.

- Handgun Safety course certificate including the NRA instructors Name and NRA ID number.
- A Hunter Safety class certificate, with documentation indicating handgun safety was a component of the class.
- A handgun safety class taught by law enforcement or a community college utilizing NRA instructors.
- Evidence of equivalent experience with a handgun through participation in organized shooting competition, security guard, investigators, reserve law enforcement officers or military service training. Supporting documents can include a score card, training certificate, DD214 or military training record.

I understand 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 so, 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 so, When and where? _____

- 3) Have you ever been in a court-ordered diversion program related to controlled substance (not including alcohol) charge including violations and infractions? Yes No
- 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 ORDER 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
- Please explain _____

Citizenship Documentation:

- **All new and transfer applicants must provide documentation of citizenship.**
- **Renewal applicants whom have not previously provided documentation must do so at the time of their renewal appointment.**

Note: ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED AS PROOF OF CITIZENSHIP (BIRTH CERTIFICATES MUST BE ISSUED BY THE RECORDS OF VITAL STATISTICS OR INDICATE THAT THE BIRTH WAS REGISTERED WITH THE STATE. Note; most hospital certificates do not meet this requirement and passports must be unexpired).

- I am a citizen of the United States** and I am providing the following documentation as proof of citizenship. Select One: U.S. Birth Certificate (indicating birth was registered with the state).
 VALID U.S. Passport FFS240 (Military Service Foreign Birth) Naturalized
or
 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: _____

All new and transfer applicants must provide documentation of citizenship.

- **Renewal applicants whom have not previously provided documentation must do so at the time of their renewal appointment.**

Note: ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED AS PROOF OF CITIZENSHIP (BIRTH CERTIFICATES MUST BE ISSUED BY THE RECORDS OF VITAL STATISTICS OR INDICATE THAT THE BIRTH WAS REGISTERED WITH THE STATE. Note; most hospital certificates do not meet this requirement and passports must be unexpired). **Residency Requirements:**

Please select **one** of the following:

- I have a current Oregon driver's license showing a residence address in Washington 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 Washington County.
- I have documentation showing that I filed an Oregon tax return for the most recent tax year, showing a residence address in Washington 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.

References for New Applicants Only:

References are required for New Applicants Only. List two character references (may be relatives).

1. Name: _____ Address: _____

City/State: _____ Zip Code: _____

2. Name: _____ Address: _____

City/State: _____ Zip Code: _____

All Applicants:

Please read and 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.

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.**

STOP HERE. Please sign and date in our presence at the time of your appointment.

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

Thank you for completing the application form.
Please save and send as attachment to CHLapps@co.washington.or.us

Please read and keep this page for your reference.

Handgun Competency Requirements for New Applicants Only:

All applicants must provide a certificate indicating the completion of the handgun competency requirement. Documents must include the instructor name, credentials and indicate that handgun safety was a component of the curriculum. You must be able to document compliance of ORS 166.291(1)(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 with supporting documents indicating 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.

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. The change of address fee is \$15.00 ORS 166.291(5)(a)(C)

United States Citizenship Requirements:

All new, renewal and transfer applicants must present documentation 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. Acceptable citizenship documentation includes U.S. Passport, U.S. Birth Certificate, FFS240 (Foreign Service Document) issued at birth, or original naturalized citizenship certificate.