



SHERIFF

WASHINGTON COUNTY

Washington County Concealed Handgun License Application

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

Please submit the completed application.

Application Type: Renewal \$50

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: _____
Last First Middle Suffix
All other names ever used: _____

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: _____

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 _____**

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|-----------------------------|----------------------------|--------------------|-----------------------|-------------|------------|------------|------------|-------------|-----------|------------|-----------|------------|
| Office Use Only | QMEN | DMV | QWHD | NCIC | DOC | IPR | RGN | E-CT | AM | MSG | EN | QNP |
| Date Issued: _____ | Approved By: _____ | Amount Paid: _____ | | | | | | | | | | |
| OR /SID#: _____ | Date of Appointment: _____ | | | | | | | | | | | |
| FBI#: _____ | Expiration Date: _____ | | | | | | | | | | | |
| Competency Instructor _____ | NRA# _____ | | | | | | | | | | | |
| Revised 10/2016 | 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.

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(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 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 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. PASSPORTS MUST BE VALID).

I am a citizen of the United States.

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.

References for New Applicants Only:

References are required for New Applicants Only. List two character references.

1. Name: _____ Address: _____

City/State: _____ Zip Code: _____

2. Name: _____ Address: _____

City/State: _____ Zip Code: _____

All Applicants Address Change Requirements:

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.

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:** _____