

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

No appointment necessary for these transactions. The CHL unit is available 9:00 a.m. – 5:00 p.m. Monday – Friday.

RENEWALS and TRANSFERS: Please call the CHL office for an appointment at 503-846-2761

Application Type: Address Change \$15 Name Change \$15 Duplicate \$15

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: _____

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.

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

Office Use Only	QMEN	DMV	QWHD	NCIC	DOC	IPR	RGN	E-CT	AM	MSG	QNP
Date Issued: _____	Approved By: _____	Amount Paid: _____									
OR /SID#: _____	Date of Appointment: _____										
FBI#: _____	Expiration Date: _____										
Revised 12/2017	VALIDATED: _____	DATE _____	CHL ID # _____								