



CLACKAMAS COUNTY SHERIFF

Sheriff Angela Brandenburg

Jesse Ashby, Undersheriff

Michael Copenhaver, Undersheriff

Jenna Morrison, Undersheriff

APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

*****This gray area to be filled in by Sheriff's Office personnel only. Please do not complete any information in the gray shaded area.*****

Proof of identification (Two pieces of current ID, one which bears your name, signature, and photo and second which bears your name and signature.)

NEW APPLICANT TRANSFER ADDRESS CHANGE NAME CHANGE RENEWAL
Type/No. _____ Type/No. _____

Handgun Competency: _____ Initials: _____ Approved Denied

Date: _____ Exp. Date: _____ Denial Reason: _____

License #: _____ SID#: _____

(Print or Type Full Legal Name)

First Name _____ Full Middle Name _____ Last Name _____

Other Names Used (Maiden, other married names, aliases, etc.) _____

Current Residence Address: _____ Mailing Address (only if different from residence address): _____

Number and Street Name _____ P.O. Box / Alternate Mailing Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Primary phone: _____ Secondary phone: _____ Work phone: _____

State of Birth (or Foreign Country): _____ Ethnicity: _____

If you were born in a foreign country, you must provide proof of citizenship or naturalization. Exceptions are if you were born in a US Territory such as Guam or US Virgin Islands (St. Thomas, St. Croix, St. John) or a Commonwealth such as Puerto Rico or Northern Mariana Islands.

Date of Birth: _____ Gender: _____ Height: _____' _____" Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License #: _____ State: _____ Exp. Date: _____ Social Security Number: _____-_____-_____

(Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.291. It will be used only as a means of Identification.)

List residences for past 3 years:

1. _____
2. _____
3. _____

References: List two character references that are not residing with you (Not required for renewal application)

Name: _____ Telephone: _____

Full Address: _____

Name: _____ Telephone: _____

Full Address: _____

Revised effective: April 2023

A Tradition of Service Since 1845

Concealed Handgun License Unit: 12700 SE 82nd Avenue, Clackamas, Oregon 97015

Mailing: 2223 Kaen Road, Oregon City, Oregon 97045

Phone: 503-794-8059 **Fax:** 503-785-5033 **www.ClackCoSheriff.us**

NOTICE TO APPLICANT – READ THIS AREA CAREFULLY!

ATTENTION: *Oregon law allows for the denial of a concealed handgun license if you have a history that shows an inclination toward confrontation with others, including neighbors, family members, etc. You may also be denied a concealed handgun license if you have a history of conflict with law enforcement officers, offenses with firearms, or documented problems involving alcohol and/or drug abuse. If any of these conditions apply to you, and you nonetheless feel you are eligible for a license, return to this office appropriate documentation, dates and explanation of circumstances including copies of any applicable pardons, certificates of discharge, or court orders surrounding your circumstances for further consideration.*

I HAVE READ AND I UNDERSTAND THE ABOVE STATEMENT [] *INITIAL*

***INITIAL* each box indicating that you have read each statement below and you declare that the statement is true.**

1. [] **I am a citizen of the United States.** If I am not a citizen, I am a legal resident alien who can document continuous residency in Clackamas 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.
2. [] **I am now at least 21 years of age.**
3. [] **There are no outstanding warrants for my arrest, and I do not have any criminal charges pending in any court resulting from an arrest or citation.**
4. [] **I have NEVER been convicted of a felony** or found guilty except for insanity under ORS 161.295, of a felony in the State of Oregon or elsewhere.
5. [] **I have NOT**, within the last four years, **been convicted of a misdemeanor** or found guilty except for insanity under ORS 161.295, of a misdemeanor in the State of Oregon or elsewhere..
6. [] **I have not been committed to the Oregon Health Authority or Mental Health and Developmental Disabilities Services Division** under ORS 426.130, nor have I been found mentally ill and presently subject to an order prohibiting me from purchasing a firearm because of mental illness.
7. [] **I have not been under the jurisdiction of the juvenile department in the last four years** for committing an act, that if committed by an adult, would constitute a felony or a misdemeanor involving violence as defined in ORS 166.470.
8. [] **Except as provided in ORS 166.291(1)(L), I have NOT been convicted of an offense involving controlled substances or completed a court supervised drug diversion program.** Note: ORS 166.291(1)(L) provides that its terms do not apply to you: if you have been convicted only **once** of a marijuana possession offense constituting a misdemeanor or violation under the law of the jurisdiction of the offense; or if you have only **once** completed a drug diversion program for a marijuana possession offense that constituted a misdemeanor or violation under the law of the jurisdiction of the offense; but not both. If you have been convicted of a marijuana possession offense constituting a misdemeanor or violation, or participated in a drug diversion program for such a charge, and this is the only controlled substance conviction or diversion, then initialing this box would not be unlawful. If you have another controlled substance conviction or have participated in another supervised drug diversion program, then initialing this box would be unlawful.
9. [] **I am not subject to a citation or court order restraining me from contacting or stalking** another.
10. [] **I have never received a dishonorable discharge** (enlisted members) **or received a dismissal** (commissioned officers) **from the Armed Forces** of the United States. (DD214 may be required with this application)
11. [] **I am not required to register as a sex offender** in any state.
12. [] **I understand that I will be fingerprinted and photographed.**
13. [] **If I am unable to initial any of the items described in numbers 4 through 8 above**, I have been granted relief under ORS 166.273, 166.274, 166.293 or 18 USC 925(c), or have had my criminal records expunged. (Proof of relief may be required with this application)
14. [] **I have read the entire text of and understand this application, and the statements therein are correct and true. I further understand that making false statements on this application is a misdemeanor crime, and that I am subject to prosecution and automatic denial or revocation.**

Signature of Applicant: _____ Date: _____

Email: _____ (optional: this is used for renewal reminders only)