



# MARION COUNTY SHERIFF'S OFFICE

## Jason Myers, Sheriff

100 High St N.E./P. O. Box 14500, Salem, OR 97309

Phone: (503) 588-5094

http://sheriff.co.marion.or.us

### APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

\*\*\*\*\*This gray area to be filled in by Sheriff's Office personnel only\*\*\*\*\*

Proof of identification (two pieces of current ID, one of which must bear the applicants photo, and one that must bear applicants signature):

Type/No. _____	Type/No. _____	Initials: _____
Approved _____ Denied _____	By: _____ Date: _____	Reason: _____
NEW APPLICANT _____	TRANSFER _____ (County) _____	License #: _____
ADDRESS CHANGE _____	RENEWAL _____ OTHER _____	Expiration Date: _____

(Print or Type Full Legal Name)

_____	_____	_____
First	FULL Middle	Last

Other Names Used (Maiden etc) \_\_\_\_\_

Current Residence Address:		Mailing Address (if different):	
_____	_____	_____	_____
Numbers and Street Name	How Long?	P.O. Box	
_____	_____	_____	_____
City	State	Zip	City State Zip

My proof of residence in Marion County is:  Current Oregon Driver License  Voter Registration Card  Recent Oregon Tax Return  
 Current Rent or Lease Agreement  Real Property Ownership (Address or Tax Lot#): \_\_\_\_\_

List other states you have resided in as an adult: \_\_\_\_\_

Home Phone Number or Message Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Occupation: \_\_\_\_\_

(If self employed, state type of business): \_\_\_\_\_

Oregon Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

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.)

State of Birth (or Foreign Country): \_\_\_\_\_ Race: \_\_\_\_\_

**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.**

List all residence addresses for the past three years and dates: \_\_\_\_\_

**References:** (List two character references that are local and non-related. Not required for renewal application)

1. Name, complete mailing address and phone number: \_\_\_\_\_

2. Name, complete mailing address and phone number: \_\_\_\_\_

**Initial each box indicating that you have read each statement. PLEASE READ CAREFULLY**

**I HEREBY DECLARE AS FOLLOWS:**

- [ ] 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 Marion 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.**
- [ ] I am now at least 21 years of age.
- [ ] 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.
- [ ] I have **NEVER** been convicted of a felony or found guilty of a felony in the State of Oregon or elsewhere. If I have been convicted of a felony, it has been by reason of insanity under ORS 161.295.
- [ ] I have **NOT**, within the last four years, been convicted of a misdemeanor or found guilty of a misdemeanor in the State of Oregon or elsewhere. If I have been convicted of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295.
- [ ] 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 if you have been convicted only once of violating ORS 475.864(3), which is possession of less than an ounce of marijuana, and have not completed a diversion program, then this section does not apply to you. It also provides that you may have completed a drug diversion program for ORS 475.864(3) so long as you were not convicted. In other words, you may either have been convicted once for possession of less than one ounce of marijuana, or, successfully completed a diversion program once for possession of less than an ounce of marijuana, but not both. If you have been convicted of ORS 475.864(3) or participated in a drug diversion program for this 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 a supervised drug diversion program, then initialing this box would be unlawful.
- [ ] There are no outstanding warrants for my arrest, and I do not have any charges pending in any court resulting from an arrest or citation.
- [ ] 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 presently subject to an order prohibiting me from purchasing a firearm because of mental illness.
- [ ] I am not subject to a citation or court order restraining me from contacting or stalking another.
- [ ] I have never received a dishonorable discharge (enlisted members) or received a dismissal (commissioned officers) from the Armed Forces of the United States.
- [ ] I am not required to register as a sex offender in any state.
- [ ] All of the above apply to me. If any of the above does not apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or ORS 166.293 or 18 USC 925(c) or have had the records expunged.
- [ ] I understand that I will be fingerprinted and photographed.
- [ ] **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.**

**NOTICE TO APPLICANT – READ THIS AREA CAREFULLY!**

**ATTENTION:** Oregon law prohibits the issuance of a concealed handgun license to anyone with a felony conviction, a misdemeanor conviction within the last four years, anyone on pretrial release, or anyone subject to a Family Abuse Prevention Act Restraining Order or Stalking order, anyone required to register as a sex offender in any state, anyone that has received a dishonorable discharge from the Armed Forces of the United States and anyone convicted of an offense involving controlled substances (except as provided in ORS 166.291(1)(L)). Oregon and Federal laws also prohibit a person from owning or possessing a gun if the person had a felony conviction that was reduced to a misdemeanor after completion of probation, any convictions of misdemeanor crimes of domestic violence, or is subject to a court protective order that was issued after a hearing in which the person had an opportunity to participate and restrains the person from harassing, stalking, or threatening an intimate partner or the child of such intimate partner.

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, 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.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL REQUEST:**

- Yes  No I am requesting that my application & information be maintained as confidential & not be released to the public.
- Yes  No I am applying for a license as a personal safety measure, & do not want any information about my application or license status released to the public.