



# MARION COUNTY SHERIFF'S OFFICE

**Sheriff Joe Kast**

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Phone: (503) 588-5094

[www.co.marion.or.us/SO](http://www.co.marion.or.us/SO)

To schedule your appointment, go to: <https://tinyurl.com/2abdruar>

## 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.)

Type/No. \_\_\_\_\_ Type/No. \_\_\_\_\_ Initials: \_\_\_\_\_  
 Approved \_\_\_\_\_ Denied \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 NEW APPLICANT \_\_\_\_\_ TRANSFER - \_\_\_\_\_ (County) License #: \_\_\_\_\_  
 ADDRESS CHANGE OR REPLACE \_\_\_\_\_ RENEWAL \_\_\_\_\_ NAME CHANGE \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Print or Type **Full** Legal Name)

First _____	Middle (Full) _____	Last _____
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Other Names Used (Maiden, aliases, etc.) \_\_\_\_\_

Current Residence Address: _____	Mailing Address (only complete if different from residence address): _____
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Number and Street Name _____	How long have you lived at this address? _____	P.O. Box _____	_____
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City _____	State _____	Zip _____	City _____	State _____	Zip _____
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I can provide proof of residence in Marion County with (check one):  Current Oregon Driver License  Current Oregon Tax Return  
 Voter Registration Card  Current Rent or Lease Agreement  Real Property Ownership (Address or Tax Lot#): \_\_\_\_\_

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

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

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

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

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

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

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): \_\_\_\_\_ 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.**

List all addresses where you have lived for the past three years and dates you lived there \_\_\_\_\_

**References:** List two character references that are local and not related to you (**not** required for Marion County renewal application).

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

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

**OVER**

**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, 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\*

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

- [ ] **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 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.
- [ ] 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.**

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

**EMAIL ADDRESS** \_\_\_\_\_