



MARION COUNTY SHERIFF'S OFFICE

Sheriff Joe Kast

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

Phone: (503) 588-5094

www.co.marion.or.us/SO

To schedule your appointment, go to: <http://mcsso-chl.genbook.com>

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: _____
NEW APPLICANT _____	TRANSFER _____	(County) _____
ADDRESS CHANGE _____	RENEWAL _____	OTHER _____
		License #: _____
		Expiration Date: _____

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

_____	_____	_____
First	Middle (Full)	Last

Other Names Used (Maiden, aliases, etc.) _____

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

Number and Street Name _____ How long have you lived at this address? _____ P.O. Box _____

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

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 _____