



# COLUMBIA COUNTY SHERIFF'S OFFICE

Brian E. Pixley, Sheriff

## APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

New Applicant    Renewal    County Transfer    Oregon Resident    Washington Resident

Full Name: \_\_\_\_\_  
Last First Middle

Other Names Used (maiden, etc.): \_\_\_\_\_

Current Residence Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (Sheriff's Office Use Only): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work / Cell Number: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ State of Birth or Foreign Country: \_\_\_\_\_

- List all residences for past three years:
1. \_\_\_\_\_
  2. \_\_\_\_\_

**REFERENCES for New Applicants ONLY** - List two character references who are not relatives.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please answer all of the following questions to provide us with information to complete a full background check.**

Yes  No Have you ever been dishonorably discharged or had a dismissal from the U.S. Armed Forces?

Yes  No Have you ever been in a court ordered diversion program resulting from a controlled substance charge?

Yes  No Are you at least 21 years of age?

Yes  No **Are you a citizen of the United States OR** a legal resident alien who can document continuous residency in Columbia County for at least 6 months and have declared in writing to the I.C.E. my intention to become a citizen and have presented proof of written declaration to the Sheriff?

Yes  No Have you ever been convicted of a FELONY or found guilty of a felony except under ORS 161.295 for insanity?

Yes  No Have you within the last 4 years, been convicted of a misdemeanor or found guilty of misdemeanor, except under ORS 161.295 for insanity?

Yes  No Have you ever been convicted of an offense involving a controlled substance or participated in court supervised drug diversion program?

Yes  No Do you have any outstanding warrants for your arrest and are you on any form of pre-trial release or diversion?

Yes  No Do you have any pending charges in any court resulting from an arrest or criminal citation?

Yes  No Are you required to register as a Sex Offender in any state?

Yes  No Have you been committed to the Mental Health or Developmental Disabilities Services under ORS 426.130 nor subject to any order prohibiting me from possessing a firearm because of mental illness? Previous criminal or mental health conditions that do apply to me, I have been granted relief under ORS 166.274 or 18 U.S.C. 925(c). Proof of relief must be submitted with this application.

Yes  No Have you been under the jurisdiction of the juvenile department in the last 4 years for committing an act that if committed by an adult would constitute a felony or misdemeanor-involving violence as defined in ORS 166.470?

Yes  No Do you want your information contained in this application be kept and maintained as CONFIDENTIAL and not be made public?

Yes  No Do you currently live in a contiguous state and am applying as an out of state applicant, and have provided a statement on a separate piece of paper indicating a compelling need for a CHL in Oregon?

Yes  No Does the address listed on this application match what is on file with the drivers licensing authority in your state or residence? If not, you will need to update that record prior to being approved for an Oregon CHL through Columbia County.

Yes  No **If you were born in a foreign country, you must provide proof of citizenship or naturalization.** Exceptions to this statement are as follows. 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. **DO YOU UNDERSTAND?**

Federal law (18 USC 922 prohibits issuance of a concealed handgun license to anyone who has ever been convicted of a misdemeanor crime of domestic violence. Federal law also prohibits anyone who currently has a valid restraining or stalking order issued for domestic violence from purchasing and possessing firearms and ammunition or engaging in activities involving firearms. Furthermore, Federal Law forbids anyone who has renounced their United States citizenship, and anyone who has been dishonorably discharged from the United State Armed Forces, and anyone who is an unlawful user of controlled substances from purchasing or possessing firearms. **INITIAL** \_\_\_\_\_

By signing below, I have read all information contained in this application, understand this application and all information submitted is true and correct. Fees are non-refundable and cover the cost of background investigation and processing required by law. If you fail to answer any of the following questions, your application will be considered incomplete and will be denied (ORS 166.291). I further understand that making false statements on this application is a misdemeanor and I am subject to prosecution and automatic denial or revocation.

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