

# Clackamas County Sheriff's Office

Concealed Handgun License Unit



**CRAIG ROBERTS, Sheriff**  
**DAVID KIRBY, Undersheriff**

## APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

I \_\_\_\_\_ hereby declare as follows:

Other names used: \_\_\_\_\_

I am a citizen of the United States or a legal resident alien who can document continuous residency in the county for at least six months and have declared in writing to the United States Citizenship and Immigration Services 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 at least 21 years of age. I have been discharged from the jurisdiction of the juvenile court for more than four years if, while a minor, I was found to be within the jurisdiction of the juvenile court for having committed 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, except for insanity under ORS 161.295, of a felony in the State of Oregon or elsewhere. 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. There are no outstanding warrants for my arrest and I am not free on any form of pretrial release. I have not been committed to the Department of Human Services under ORS 426.130, nor have I been found mentally ill and presently subject to an order prohibiting me from purchasing or possessing a firearm because of mental illness. If any of the previous conditions do apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or 166.293 or 18 U.S.C. 925 (c) or have had the records expunged. I am not subject to a citation issued under ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.735 or 163.738. I am not an unlawful user of, or addicted to, a controlled substance. I have never received a dishonorable discharge from the Armed Forces of the United States. I am not required to register as a sex offender in any state. I understand I will be fingerprinted and photographed.

State of Birth (or Foreign Country) \_\_\_\_\_ 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 or a Commonwealth such as Puerto Rico or N. Mariana Islands.

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Current Address \_\_\_\_\_ Mailing Address (PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

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

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

List residences for past 3 years:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Social Security # \_\_\_\_\_

Nearest relative not residing with you:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Disclosure of your Social Security number is voluntary. Solicitation of the number is authorized under ORS 166.420. It will be used only as a means of identification.

I have read the entire text of this application, and the statements therein are correct and true. 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 \_\_\_\_\_

*NEW APPLICANTS MUST PROVIDE TWO REFERENCES ON REVERSE SIDE*

**12700 SE 82nd Avenue Clackamas, Oregon 97015-9793**  
**Public Safety Training Center Bldg.**

**(503) 794-8059 • Fax (503) 794-8068 • [www.clackamas.us/sheriff](http://www.clackamas.us/sheriff)**



# Clackamas County Sheriff's Office

*"Working together to make a difference"*



**CRAIG ROBERTS, Sheriff**  
**DAVID KIRBY, Undersheriff**

## PERSONAL REQUEST REGARDING MY CONCEALED WEAPON LICENSE RECORDS

I believe that my CHL file and personally identifying information maintained by the Sheriff is confidential, and should not be released to anyone for any non-governmental or non-law enforcement purpose:

Yes     No

I request exemption of my CHL file under the following (check all that apply):

- I maintain my CHL as a security measure and do not want any information that identifies me as a CHL holder released except for a law enforcement or governmental use. ORS 192.501(23).
- I believe that public disclosure of my CHL file jeopardizes my personal safety. ORS 192.445. (If you check this box and no others, the law only allows for a partial exemption of your record).
- I believe that disclosure of my CHL file is an unreasonable invasion of my privacy. ORS 192.502(2).

Please list any facts and/or circumstances that support your request:

---

---

---

---

---

---

---

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
CHL Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I would like to subscribe to the Sheriff's Office electronic newsletter at the email address listed above