

Clackamas County Sheriff's Office

Concealed Handgun License Unit



CRAIG ROBERTS, Sheriff

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. 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. 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 Oregon Health Authority 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 section 5, chapter 826, Oregon Laws 2009, 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 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 # _____

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

