

325 Willow View Drive • P.O. Box 159 Heppner, Oregon 97836 Phone: (541) 676-5317 Fax: (541) 676-5577

John A. Bowles, Sheriff Brian L. Snyder, Undersheriff

## APPLICATION FOR CONCEALED HANDGUN LICENSE (CHL)

		oday´s Date:	<del></del>	
Full Legal Name:Last Name		First Name	Middle Name	
Maiden Name and/or Alias	(List all names pr	eviously used:		
Date of Birth://	State of E	Birth: OR	Country if <u>not</u> born in US:	
Social Security Number:	voluntary. Solicitation of	the number is authorized under O	RS 166.420. It will be used only for identification.	
Race: Sex:	Height:	Weight:	Hair: Eyes:	
Drivers License #:		State:	Expiration:	
Residence Address:	Number and Street na	ame:		
How long at current address (year/month)	City	State	Zip Code	
Mailing Address	PO Box:			
(if different that above)	City	State	Zip Code	
Home Phone Number: (include area code):			Cell Phone Number: (include area code):	
(include alea code).		(include a	rea code).	
Email Address (optional): _				
List all states where you have	e lived (since age	e 18):		
List residence addresses for the	past three years ar	nd dates you resided at o	each (if different from current address):	
•				
•				
		** Continue next pag	E **	
**********	*******	This section – Official	Use only ***************	
	Approved Dat	te:	CHL #	
Page 1 of 2	Expiration Da	te:	Sheriff Approval:	

	Name, Complete Mailing Address, and Phone Number are required
	Name, Complete Mailing Address, and Phone Number are required
ITIAI	L each box. I hereby declare as follows:
	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 Morrow 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 this application.
	I am now at least 21 years of age.
	I have not been under the jurisdiction of the juvenile department for the last four years for committing an act, that if committed by an adult, would constitute a felony or a misdemeanor involving violence.
	I have <b>NEVER</b> been convicted of or found guilty of a felony.
	I have <u>NOT</u> , within the last four years, been convicted of or found guilty of a misdemeand
	There are no outstanding warrants for my arrest.
	I do <u>NOT</u> have any charges pending in any court resulting from any citation or arrest.
	I have not been mentally committed by a court nor have I been found mentally ill and am not presently subject to an order prohibiting me from purchasing a firearm because of mental illness.
	I have never been convicted of an offense involving controlled substance or participated in court-supervised drug diversion program.
	I am not subject to a citation or court order restraining me from contacting or stalking another.
	I have not received a dishonorable discharge (enlisted members) or a dismissal (commissioned officers) from the U.S. Armed Forces.
	I am not required to register as a sex offender in any state.
	I understand I will be photographed and fingerprinted.
	I am an adjacent state resident and I have a compelling reason for wanting a Concealed Handgun License in Oregon. (Residents of Morrow County – Please skip or write N/A).
	Brief Explanation of Reason:
ade ai I hav	read the entire text of this application and understand it completely. The statements I have correct and true. I understand that making false statements on this application is a <u>cri</u> e made false statements in this application, I am subject to prosecution and my application
	omatically be denied or revoked.
natui	re of Applicant: Date: