



Coos County Sheriff's Office
 Courthouse
 Coquille, Oregon 97423
 (541) 396-7802



New Applicant _____
 Renewal _____
 Address Change _____
 Name Change _____
 Duplicate/Reinstatement _____
 Lost _____

Application for License to Carry a Concealed Handgun

PRINT FULL LEGAL NAME

| | | | |
|-------|-------------|------|--------------------------------------|
| First | Full Middle | Last | Other Names: Maiden/Nicknames |
|-------|-------------|------|--------------------------------------|

Date of Birth _____ Race _____ Hgt _____ Hair _____
 State of Birth _____ Sex _____ Wgt _____ Eyes _____
 Social Security Number _____ - _____ - _____ (Disclosure Voluntary, solicitation authorized under ORS 166.420)

Physical Address:

Street _____ City _____ State _____ Zip _____

Phones: (H/W/C) _____ (H/W/C) _____

Mailing Address (if different):

Street _____ City _____ State _____ Zip _____

OUT OF STATE RESIDENTS - Address of County Leased/Owned Property (Written Proof MUST be provided. . See Page 3*)

Street _____ City _____ State _____ Zip _____

**Email (For Reminder Notices-
 voluntary)** _____

-----TO BE FILLED IN BY SHERIFF'S OFFICE PERSONNEL ONLY -----

Handgun Competency: DD214 _____ Certificate _____ Other _____

Processed By _____ Date _____ Cash Check Debit/Credit # _____ Receipt# _____

Proof of Identification (Two pieces of current ID are required, one of which must bear the photograph of the applicant).

1) Driver's License _____ State _____ Expiration _____

2) Other: _____ (3) CHL _____ Expiration _____

DL Record: Valid/ _____ CCH: 12-21/ _____ Comments: _____

APPROVED _____ DISAPPROVED _____ BY _____

DATE ISSUED _____ LICENSE # _____ EXPIRATION _____

APP: E / P / L-EIP QWHD QNP DOC E-M/NAME EFORCE# _____ PMT: E / P / L-MIP

EFORCE# _____
 SCANNED _____
 SIGNATURE DONE _____

THIS SECTION FOR ALL APPLICANTS

PLEASE READ CAREFULLY AND CIRCLE or INITIAL THE APPROPRIATE ANSWER.

- T / F I am a citizen of the United States, **OR**...
- _____ I am a legal resident alien who can document continuous residency in Coos 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 application.
- T / F I am now at least 21 years of age.
- T / F / NA **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 involving violence, as defined in ORS 166.470, I have been discharged from the jurisdiction of the juvenile court for more than four years.
- T / F I have **NEVER** been convicted 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.
- T / F I have **NOT**, within the last four years, been convicted of a misdemeanor in the State of Oregon or elsewhere. If I have been found guilty of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295.
- T / F There are no outstanding warrants for my arrest.
- T / F / NA I have never received a dishonorable discharge or a dismissal (commissioned officers) from the Armed Forces of the United States.
- T / F I am not required to register as a sex offender in any state.
- T / F I have not been convicted of an offense involving controlled substances or completed a court-supervised drug diversion program, except as provided in ORS 166.291(1)(L).
- T / F I am not on any form of pretrial release. **SPECIFICALLY, I DO NOT HAVE ANY CHARGES PENDING IN ANY COURT ACTION RESULTING FROM ARREST OR CITATION.** (DUII Diversion)
- T / F 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 a firearm because of mental illness.
- T / F I am not under a court order to participate in assisted outpatient treatment that includes an order prohibiting me from purchasing or possessing a firearm.
- T / F I am not subject to a citation issued under ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.732 or 163.738. Specifically, I am not subject to a citation or order restraining me from contacting or stalking another.
- T / F / NA I have been granted relief under ORS 166.273, 166.274 or 166.293 or 18 U.S.C. 925(c) and have had my record expunged under the laws of this state or equivalent laws of other jurisdictions and not subject to the disabilities in subsection (1)(g) to (L) of this section.

_____ I understand that I will be photographed and, **IF** a new applicant, fingerprinted.

I have read the entire text 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 and I am subject to prosecution and automatic denial or revocation.

Date _____

Signature _____

VOLUNTARY NOTIFICATION INFORMATION

NEXT OF KIN _____ PHONE _____

ADDRESS _____

NEXT OF KIN _____ PHONE _____

ADDRESS _____

Applicant's Place of Employment _____ Work Phone _____

Why are you asking for my next of kin?

1. If your gun is taken for safekeeping (if you are in a car accident and have it with you), who would you like to be able to pick your weapon up from our Evidence Custodian on your behalf?
2. A Substantial number of weapons have been recovered from the 1980's and many of those victims have passed on, having an old concealed handgun license file that listed a relative would give us something to work with to return it to your loved ones and/or estate.
3. If someone calls in a welfare check on you, and you have a concealed handgun license, we might be able to contact a family member and ascertain your whereabouts so we don't have to forcefully enter your home to see if you have a medical emergency and cannot come to the door.

** Individuals who live outside the State of Oregon qualify to apply for a Coos County Concealed Handgun License, if they own or lease property within the County of Coos. However, written proof must be provided to the Sheriff's Office staff at the time of application for a Concealed Handgun License.*

General information regarding Concealed Handgun Licensing

ORS Chapter 166.291 through
166.297

Website: co.coos.or.us/sheriff

HANDGUNLAW.US (Links to Information on all gun/weapons laws for all 50 states, includes reciprocity)

References for application questions:

**1 Defined in the Gun Control Act of 1968*

**2 ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.732 or 163.738 Restraining Orders/Citations*

**3 ORS 426.130*

NOTE: THE FEE FOR APPLYING FOR A CONCEALED HANDGUN LICENSE IS A BACKGROUND ADMINISTRATIVE FEE AND **IS NOT REFUNDABLE** IF YOU ARE DENIED.



**THIS SECTION IS FOR
NEW APPLICANTS ONLY!!!!**

Renewal applicants do not complete this page.

Please list all Physical Addresses where you have lived for the PREVIOUS THREE YEARS:

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

States you have resided in as an adult _____

CHARACTER REFERENCES *(list complete mailing addresses and phone numbers)*

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____