

**Coos County Sheriff's Office** 250 N Baxter \* Courthouse Coquille, Oregon 97423

(541) 396-7800

CCSORecords@co.coos.or.us



New Applicant \$115\_\_\_\_ Renewal \$75\_\_\_\_ Address Change \$15\_\_\_\_ Name Change \$15\_\_\_\_ Reinstatement \$15\_\_\_\_ Duplicate \Lost \$15\_\_\_\_

SIGNATURE DONE

# Application <mark>for</mark> License <mark>to</mark> Carry a Concealed Handgun

#### PRINT or TYPE FULL **LEGAL** NAME

First	Full Middle	Last	Suffix	Other Names: Mai	den/ <mark>Nicknames</mark>
Date of Birth		Race	Hgt_	Hair_	
tate of Birth		Sex	Wgt	Eyes	
ocial Security Number	<u> </u>	(Disclosure	Voluntary, solicitation aut	horized under ORS 166.420)	
hysical Address:					
reet		City		State	Zip
hones: (H/W/C)		(H/W/C	C)		
Nailing Address ( <i>if differen</i>	<b>t</b> ):				
reet		City		State	Zip
OUT OF STATE RESIDENTS -	Address of County L	eased/Owned Property	(Written Proof MUS	T be provided SeePag	ie 3 <mark>*</mark> .)
reet		City		State	Zip
mail for renewal purposes	:				
	TO BE FILLED IN		FICE PERSONNI		
Handgun Competency: D	D214	Certificate	Other	r	
Processed By[	Date OCash	O Check O Debit/Credit	:# Re	ceipt#	
Proof of Identification (Two	pieces of current ID are	required, one of which mus	st bear the photograph	of the applicant).	
1) Driver's License		State		Expiration	
2) Other:		(3) CHL	Expirat	ion	
DL Record: Valid/	Ссн: :	12-21/	_ Comments:		-
APPROVED	DISAPPROVED	BY		A.Whittenb	urg S. Sanborn G. Fabriz
DATE ISSUED	LICE	NSE #	EXPI	RATION	
APP: E / P / L-EIP QWHD QNP	DOC	PMT: E / P / L-MIP	LEDS DONE		
		ATION – Revised 4-2022 Page 1of 4		EFORCE	#

# NOTICE TO APPLICANT – READ THIS AREA CAREFULLY!

confront history o of these	<b>FION:</b> Oregon law allows for the deni ation with others, including neighbors f conflict with law enforcement officer conditions apply to you and you none d explanation of circumstances incluc	, family members, e s, offenses with fire theless feel you are	tc. You may also be den arms, documented prob eligible for a license, ref	ied a Concealed Handgun lems involving alcohol an turn to this office appropri	License if you h d/or drug abuse. ate documentation	ave a If any on,	
your circumstances for further consideration.		I HAVE READ AN	D I UNDERSTAND TH	E ABOVE STATEMENT	*IN	ITIAL*	
INSTRUC	TIONS: *INITIAL* each box indicat	ing that you have	read each statement	below and you declare	the statement i	<mark>s true.</mark>	
	I am a citizen of the United States. If I least six months and have declared in w of the written declaration to the Sheriff a	riting to the Immigrat	on and Naturalization Ser				
	I am now at least 21 years of age.						
	I have not been under the jurisdiction an adult, would constitute a felony or a r				nat if committed by	1	
	I have <u>NEVER</u> been convicted of a fel been by reason of insanity under ORS 1		a felony in the State of Or	regon or elsewhere. If I hav	e been convicted	of a felony, it has	
	I have <u>NOT</u> , within the last four years, <b>b</b> have been found guilty of a misdemeane					lsewhere. If I	
	There are <b>no outstanding warrants for</b> (pretrial release).	<b>my arrest</b> , and <b>I do</b>	not have any charges p	ending in any court resulti	ng from an arres	t or citation	
	I have never received a dishonorable of the United States.	discharge (enlisted i	nembers) <b>or</b> received a <b>d</b> i	ismissal (commissioned off	icers) from the A	med Forces	
	I am not required to register as a sex	offender in <u>any</u> state					
	Except as provided in ORS 166.291(1)(L), I have <u>NOT</u> been convicted of an offense involving controlled substances or completed a court supervised drug diversion program. Note: ORS 166.291(1)(L) provides that its terms do not apply to you: if you have been convicted only once of a marijuana possession offense constituting a misdemeanor or violation under the law of the jurisdiction of the offense; or if you have only once completed a drug diversion program for a marijuana possession offense that constituted a misdemeanor or violation under the law of the jurisdiction or violation under the law of the jurisdiction of the offense; but not both. If you have been convicted of a marijuana possession offense conviction or diversion, then initialing this box would not be unlawful. If you have another controlled substance conviction or have participated in another supervised drug diversion program, then initialing this box would be unlawful.						
	I have not been committed to the Mental Health and Developmental Disabilities Services Division 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.						
	I am not under a court order to particip firearm.	oate in assisted outpa	tient treatment that include	es an order prohibiting me fr	om purchasing or	possessing a	
	I am not subject to a citation or court 107.732 or 163.738.	order restraining m	e from contacting or sta	Iking another. ORS 163.735	i, ORS 30.866, 10	7.700 to	
	All of the above apply to me. If any of 166.274 or ORS 166.293 or 18 USC 925			e been granted relief from th	ne firearms prohib	tion under ORS	
	I understand that I will be photograph	ed and, <mark>IF</mark> a new ap	plicant, fingerprinted.				
	I have read the entire text and unde making false statements on this appli						
Date		Signature					

# THIS SECTION IS FOR NEW APPLICANTS

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

States you have resided in as an adult:

CHARACTER REFERENCES (list complete mailing addresses and phone numbers)

Name

Address

Address

Address

Phone:

Phone:

### **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:

<sup>\*1</sup> Defined in the Gun Control Act of 1968

<sup>\*2</sup>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

### Handgun Competency Requirement ORS 166.291(f)

- (A) Completion of any hunter education or hunter safety course approved by the State Department of Fish and Wildlife or a similar agency of another state if handgun safety was a component of the course;
- (B) Completion of any National Rifle Association firearms safety or training course if handgun safety was a component of the course;
- (C) Completion of any firearms safety or training course or class available to the general public offered by law enforcement, community college, or private or public institution or organization or firearms training school utilizing instructors certified by the National Rifle Association or a law enforcement agency if handgun safety was a component of the course;
- (D) Completion of any law enforcement firearms safety or training course or class offered for security guards, investigators, reserve law enforcement officers or any other law enforcement officers if handgun safety was a component of the course;
- (E) Presents evidence of equivalent experience with a handgun through participation in organized shooting competition or military service;

\*DD214: MUST state training with handgun, revolver or pistol. Sorry there are no exceptions.

- (F) Is licensed or has been licensed to carry a firearm in this state, unless the license has been revoked; or
- (G) Completion of any firearms training or safety course or class conducted by a firearms instructor certified by a law enforcement agency or the National Rifle Association if handgun safety was a component of the course.

# If you have taken an online course, you must complete the Online Declaration Document below as well, this is certifying that you are the individual who sat at the computer and took the course

### **DECLARATION OF COMPLETION OF ONLINE HANDGUN SAFETY COURSE**

I,\_\_\_\_\_\_, state under oath that I personally took and satisfactorily completed the online course described below to satisfy the ORS 166.291 competency with a handgun requirement. A copy of the course outline or course content is attached to this declaration.

Title of the online course:

Organization offering online course:

Online course instructor:

Date online course taken:

I, \_\_\_\_\_, subject to the penalties for False Swearing, ORS 162.075, state under oath that all of the above is true.

Signature of Applicant

Date