Tillamook County Concealed Handgun License Application



TILLAMOOK COUNTY SHERIFF'S OFFICE

SHERIFF JOSHUA BROWN

5995 Long Prairie Rd Tillamook, OR 97141 Phone (503) 842-2561 www.tillamooksheriff.com

APPLICATION DIRECTIONS: Appointments are required for all Concealed Handgun License applications.

Application Type: 1	□New \$115 □Rene						
All applicants mus	t provide proof of	citizenship.All ap	oplicants must	provide two	pieces		
dentification at time	e of appointment.	One ID must be	ara photograp	oh of the app	licant.		
Full Legal Name: F	-irst:	Middle:		Last:	-		
All other names ever	r used:						
Drivers Lic#:	State:	Expires	Age: _	Sex:	Male	Female	
Date of Birth:	Height:	Weight:	Eye Color:	Hair	Color: _		
Current Residential			Mailing Address				
Address:		A	ddress:				
City:	State:	_ C	ity:	St	:ate:		
Zip Code:		Ž	Zip Code:				
How long at this addre	ess?						
Place of Birth: State:	or	Country:		Race/Ethn	icity:		
List all states you lived in as an adult (18 years+) including military bases:							
	bers: Home #:						
	pt confidential): er (Ontional):						
Social Security Number (Optional):							
166.291. It will be use	ed only as a means of i	dentification.					
NEW APPLICANTS /	RENEWALS / TRANSF	ER / REINSTATEM	ENT: PLEASE CO	OT SUNITING	NEXT PA	.GE>	
**Address Change/Duplicate/Name change: Sign here: _			Date:				
Office Use Only	QMEN DMV Q	WHD NCIC DO	OC IPR RGN	E-CT AM	MSG	EN QNP	
Date Issued:	Approve	ed By:	_ Amount Paid:				
FBI#:			Expiration Date:				
	BI#: Expiration Date: D#2:Citizenship Documentation:						
	or		NID A //				
Revised 4/2022	VALIDATED:			CHL ID#			

NOTICE TO APPLICANT - READ THIS AREA CAREFULLY!

Oregon law allows for the denial of a concealed handgun license if you have a history that shows an inclination toward confrontation with others, including neighbors, family members, etc. You may also be denied a concealed handgun license if you have a history of conflict with law enforcement officers, offenses with firearms, documented problems involving alcohol and/or drug abuse. If any of these conditions apply to you and you nonetheless feel you are eligible for a license, return to this office appropriate documentation, dates and explanation of circumstances including copies of any applicable pardons, certificates of discharge, or court orders surrounding your circumstances for further consideration.

I HAVE READ AND I UNDERSTAND THE ABOVE STATEMENT 1 *INITIAL*

lı	Instructions: *INITIAL* each box indicating that you have read each statement below and you declare the statement is true.					
]]	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 Tillamook 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 this application.				
[]	I am now at least 21 years of age.				
[]	I have not been under the jurisdiction of the juvenile department in the last four years for committing 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 <u>NEVER</u> been convicted of a felony or found guilty 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.				
[]	I have <u>NOT</u> , within the last four years, been convicted of a misdemeanor or found guilty of a misdemeanor in the State of Oregon or elsewhere. If I have been convicted of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295.				
]]	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 of the offense; but not both. If you have been convicted of a marijuana possession offense constituting a misdemeanor or violation, or participated in a drug diversion program for such a charge, and this is the only controlled substance 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.				
[]	There are no outstanding warrants for my arrest, and I do not have any charges pending in any court resulting from an arrest or citation.				
[]	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 subject to a citation or court order restraining me from contacting or stalking another.				
[]	I have never received a dishonorable discharge (enlisted members) or received a dismissal (commissioned officers) from the Armed Forces of the United States.				
[]	I am not required to register as a sex offender in any state.				
]]	All of the above apply to me. If any of the above does not apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or ORS 166.293 or 18 USC 925(c) or have had the records expunged.				
[]	I understand that I will be fingerprinted and photographed.				
]]	I have read the entire text of and understand this application, and the statements therein are correct and true. I further understand that making false statements on this application is a <u>misdemeanor</u> crime, and that I am subject to prosecution and automatic denial or revocation.				
Sig	nature	of Applicant: Date:				

EMAIL ADDRESS _____

Out of State Applicants:

True I currently live in a contiguous state and am applying as an out of state applicant.								
All out of state new applicants and renewals must include a statement of compelling business interest or other legitimate demonstrated need which exhibits a correlation to Tillamook County.								
References for New Applicants References are required for N		ly List <i>two chara</i>	ncter references.					
1. Name:	Address:	ddress:						
City/State:		_ Zip Code:	Phone:					
2. Name:	Address:							
City/State:		_ Zip Code:	Phone:					
	change of address is \$1 e my address could be nce of a concealed ha	5.00. ORS 166.291(grounds for revocate	(S}(C).					
denial of a concealed handgun license If the Sheriff determines you are a danger based upon a past pattern of unlawful violence or threats of unlawful violence.								
CAUTION: Possession of a concealed handgun license does not authorize you to carry a firearm in any federal building, on secured airport areas or in any courthouse where the presiding judge has posted notice of such prohibition. The Tillamook County Courthouse and court are posted with this prohibition. If you are apprehended with a weapon on these premises your concealed handgun license may be seized and returned to the Sheriff, and you may be arrested and charged with a crime.								
Initial: I have read and understand this application. All information submitted is correct. I further understand that making false statements on this application is a misdemeanor and I am subject to prosecution and automatic denial or revocation. All payments are non-refundable.								
Signature of Applicant:		n	ato Signod:					