

# APPLICATION FOR LICENSE TO CARRY A CONCEALED HANDGUN GILLIAM COUNTY SHERIFF'S OFFICE

**GILLIAM COUNTY RESIDENTS ONLY** 

Gary Bettencourt, Sheriff
Concealed Handgun License Unit
221 S. Oregon Street
Condon, OR 97823 (541) 384-2851

### APPOINTMENTS ARE REQUIRED. DO NOT SEND PAYMENT WITH APPLICATION. YOU MAY EXPECT AN APPOINTMENT NOTICE IN THE MAIL WITHIN THREE WEEKS.

PRINT FULL LEGAL NAME	First	M	liddle			Last		All other	names use	d
CIRCLE APPROPRIATE	CATEGORY:	NEW / RENE	EWAL / AI	DDRESS	CHANGE /	TRANSF	ER / NA	AME CHAI	NGE / DL	JPLICATE
DRIVER'S LICENSE OR	ID CARD MUST	REFLECT Y	OUR CUR	RENT RE	SIDENTIAL	ADDRES	SS.			
ID#1 Drivers License #:			_State	E	Expiration Date:		Age_		Sex	
Date of Birth	Height		Weight:		Eye Color:		Hair Color:		olor:	
Social Security Numberauthorized under ORS 166.4	20. It will be used o	only as a mean	(Disclosus of identific	ure of your cation.)	social securit	y number is	voluntary	. Solicitatio	on of the nu	mber is
Current RESIDENTIAL								s (if differe		
Numbers and Street name		How long at add	dress?	P.0	Вох					
City	State	Zip Code		City			State		Zip Code	
Home Phone Number	me Phone Number				Work Phone Number:					
PLACE OF BIRTH: State	& C	ountry	all	applicants	must provide	e citizenship	documer	ntation Ra	ace:	
Oregon law prohibits the conviction within the last icense if the Sheriff detaylolence. Federal law (misdemeanor crime of porder relating to domes firearms. In addition, 1 been dishonorably discurlawful user of control PROOF OF IDENTIFIC dentification and number on INITIAL: I HAVI	st four years or a termines you ar 18 USC 922) pidomestic violentic violence – to 8 USC 922 pro- harged from the led substances CATION: (Two pidentification to be	anyone on pe a danger la rohibits issuance. Federa o purchase a chibits anyone United Stafrom purchalieces of curren filled in by Sheine	pretrial rel based upo ance of a al law prob and posse he who ha tes Armed asing or p t identification riff's Office.)	ease. Oon a pas license to nibits any ess firear as renour d Service ossessir on are requ	regon law to pattern of to anyone wone who is ms and am need their less, anyone g firearms uired, one of w	allows for unlawful who has es subject numerition United Stawho is an which must	r the der violence ver beet to a coulor enga ates citizen illegal	nial of a ce or threaten convictor restrainage in activenship, a alien and otograph of	oncealed to of unlasted of a ning or stativities investigation of anyone with any with anyone with any	handgui alking olving ho has who is ar
 ********************************	CE USE ONLY	***To be fil	led in by	Sheriff's	office Pe	ersonnel'	*** OFFI	ICE USE	ONLY***	******
Date Issued:	e Issued: Approved By:			Amount Paid						
OS				_	Date of Appo	intment				
OR/SID#					Expiration [	Date				
FBI #		_ QMEN	LEDS	DMV	QWHD	NCIC	DOC	QMAR	OJIN	PPDS
D #2Type	Number:			_Citizensh	nip document	ation:				
VERSION 12/09 COM	PETENCY - In	structor				NI	RA#			

statement in this application may result in prosecution for a misdemeanor and will result in an automatic denial of your application. ☐True ☐False I am at least 21 years of age. True False Not Applicable I have been discharged from the jurisdiction of the juvenile court for more than four years, if while I was a minor, I was found to be within the jurisdiction of the juvenile court for having committed an act which, if committed by an adult, would constitute a felony or a misdemeanor involving violence, as defined in ORS 166.470. True False I have **NEVER** been convicted of a felony. This includes being found guilty of a felony by reason of insanity under ORS 161.295, in the State of Oregon or elsewhere. (See page 2 for more details.) True False I have **NOT** been convicted of a misdemeanor within the last four years from the date of this application. This includes being found guilty of a misdemeanor by reason of insanity under ORS 161.295 in the State of Oregon or elsewhere. True False I have **NEVER** been convicted of a misdemeanor crime of domestic violence, as defined in the Gun Control Act of 1968. True False There are no outstanding warrants for my arrest AND I am not free on any form of pre-trial release including diversion. True False 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 been prohibited from possessing a firearm because of mental illness. For those previous criminal or mental health conditions that do apply to me, I have been granted relief from the disability under ORS 166.274 or 1 8 U.S.C. 925(c). Proof of relief must be attached to this application. True False I meet the requirements of ORS 166.291 (f) (A) to (G) of competency with a handgun, AND I know I must bring documentation to my appointment or my application will not be approved. (See page 5 for more details.) True False I have never been convicted of more than one crime involving a controlled substance. ☐ I understand that I will be fingerprinted (new applicants only) and photographed (all applicants). RESIDENCY REQUIREMENTS, SELECT ONE OF THE FOLLOWING: I have a current Oregon driver's license showing a residence address in the county. I am registered to vote in Gilliam County, and I have a precinct memorandum card showing a residence address in the I have documentation showing that I currently own or lease real property in the county. I have documentation showing that I filed an Oregon tax return for the most recent tax year showing a residence address in the county. OUT OF STATE APPLICANT: I currently live in a contiguous state and am applying as an out of state applicant. \*Complete statement on page 4 **CITIZENSHIP DOCUMENTATION:** All renewal and new license applicants must provide proof of U.S. Citizenship. ☐True ☐False I am a citizen of the United States. (If you were not born in the U.S., please refer to page 5 for details.) If I am **NOT** a U.S. citizen. I am a legal resident alien who can document continuous residency in Gilliam 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 providing the following documentation as proof of citizenship: Choose one: U.S. birth certificate/ Oregon Driver's License issued after July 2008 / U.S. Passport / FFS240 I am a citizen of the United States and have documentation of citizenship. (must provide documentation at appointment) I am a naturalized citizen and have documentation of naturalization: (must provide documentation at appointment)

You are required to answer the following questions to provide sufficient information to complete a full background check. Failure to answer any question will result in your application being denied as incomplete. Making a false

	ALL STATES LIVED IN AS AN ADULT (18 YRS AND OLDER)
ı. Ha	ve you ever been dishonorably discharged from the United States Armed Forces?
2. Ha	ve you ever renounced your United States citizenship?
contro	ve you ever been convicted of an offense (including a violation or infraction) involving controlled substances? A illed substance is defined under ORS 475.005(6). Examples include but are not limited to marijuana, ecstasy, heroir ne, LSD, peyote, or methamphetamine). Alcohol is not a controlled substance.
	ve you ever been in a court-ordered diversion program related to substance abuse charge (including violations and ions)?   Yes  No If yes, when and where?
5. With	hin the past year have you used controlled substances such as marijuana, cocaine, methamphetamine, LSD, or
	Yes No (If no, skip to question 6)  a. If you answered yes to question 5, what controlled substances do you use?
5k	o. If you answered yes to question 5, how would you describe your usage?  Infrequent (less than 4 times during the past 12 months)  Occasional (4 to 12 times during the past 12 months)  Frequent (at least 12, but less than 24 times during the past 12 months)  Regular (once a week or more)  Daily (one or more uses per day)
5c	<ul> <li>If you answered yes to question 5, approximately how long have you been using controlled substances?</li> <li>Less than 3 Months</li> <li>3 to 6 Months</li> <li>6 Months to 1 Year</li> <li>More than 1 Year</li> </ul>
. Are	you subject to any type of restraining or stalking order issued by any court?  Yes No
6a.l	f you are subject to a restraining or stalking order, please provide information about the order:
 ′. Ha\	ve you EVER been convicted of a misdemeanor crime of domestic violence?  ☐Yes ☐No If yes, when?
B. Hav	ve you even been required to register as a sex offender in any state?   Yes   No
	8a.If you answered Yes to question 9, what state required you to register?8b.Is the requirement to register as a sex offender still in effect? Explain.

# REFERENCES FOR NEW APPLICANTS ONLY: ALL OTHERS, PLEASE CONTINUE TO PRIVACY QUESTIONS

REFERENCES List two character references who are not related to the applicant and not residing at applicant's address.						
1. Name and <u>complete</u> mailing address:						
2. Name and complete mailing address:						
PRIVACY QUESTIONS:						
☐Yes ☐No I AM REQUESTING THAT MY APPLICATION AND INFORMATION BE MAINTAINED AS CONFIDENTIAL, AND NOT BE RELEASED TO THE PUBLIC.						
☐Yes ☐No I AM APPLYING FOR A CONCEALED HANDGUN LICENSE AS A PERSONAL SAFETY MEASURE, AND DO NOT WANT ANY INFORMATION ABOUT MY APPLICATION OR CHL STATUS RELEASED TO THE PUBLIC.						
ADDRESS CHANGE REQUIREMENTS: Initial each						
I understand that I am required to provide the Sheriff's Office with my current address. ORS 166.291(3)(a).						
I understand that if I do not update my address, it could be grounds for the revocation of my concealed handgun license.						
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.						
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 Gilliam County Courthouse and court rooms located in the Courthouse 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.						
Signature of Applicant: Date Signed:						
<b>OUT OF STATE APPLICANTS</b> : 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 Gilliam County.						

#### DO NOT REPEAT HANDGUN SAFETY COMPETENCY FOR RENEWALS

You must be able to document compliance of ORS 166.291 (f) by one of the methods provided by law as follows:

- (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 NRA 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 NRA 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. To present proper documentation through the military service, please bring your DD214. Your DD214 MUST indicate training/qualification with a handgun, sidearm or pistol. Should your DD214 indicate only "small arms qualification" it does not qualify as handgun training. In this case, you will need to take a handgun safety course to meet this requirement. Sorry, there are not exceptions allowed by law.
- (F) Is licensed or has been licensed to carry a firearm in this state, unless the license has been revoked.
- (G) Completion of any firearms training or safety course or class conducted by a firearms instructor certified by a law enforcement agency or the NRA if handgun safety was a component of the course.

#### Attention all concealed handgun license holders:

You **must** carry your valid concealed handgun license with you whenever you carry a concealed handgun. Failure of a person who carries a concealed handgun also to carry a concealed handgun license is prima facie evidence that the person does not have such a license.

It is the responsibility of the individual license holder to be aware of the expiration date of their license and notify the Sheriff's Office.

ORS 166.295 (2) If a licensee changes residence, the licensee shall report the change of address and the Sheriff shall issue a new license as a duplication for a change of address. The license shall expire upon the same date as would the original. ORS 166.291(5)(C)

### **United States Citizenship Requirements**

Applicants who were not born in the United States but who have become naturalized U.S. citizens, or who were born in foreign countries as U.S. citizens, must present proof of citizenship at the time of appointment (note - do not mail them; bring them to your appointment.) . A work permit or a legal resident alien card do **not** meet this requirement. Methods that can prove your citizenship status include a U.S. Passport, a certificate of citizenship, an FFS240 (Foreign Service Document) issued at birth, a U.S. Birth Certificate or your original naturalized citizenship certificate. **No photocopies accepted.** 

New applicants, transfers, must provide this proof.