



Multnomah County Sheriff's Office

12240 NE Glisan St., • Portland, OR 97230

DANIEL STATON
SHERIFF

CONCEALED HANDGUN LICENSING UNIT

Exemplary service for a safe, livable community

503 251-2417 PHONE
503-251-2513 FAX
www.mcso.us

▶ Application May Be Public Record ◀

CONCEALED HANDGUN APPLICATION

NEW - RENEWALS- TRANSFERS

OFFICIAL USE ONLY

Do not Write in This Section

Permit No.:	# -	Date of Appt:	____/____/20____	Safety Instructor:	
Expires:	____/____/20____	DL & State: Verified	# _____ ST: _____	Instructor Cert. No.	#
ID Type		Date Issued:		Processed By: (DPSST#)	

ALL APPLICANTS, PLEASE FILL IN ALL APPLICABLE FIELDS FOLLOWING

WASHINGTON RESIDENTS wishing to obtain and Oregon Concealed Handgun License are **REQUIRED** to submit an additional letter address to the Sheriff of Multnomah County stating the compelling reason for the permit.

Name: _____
(Legal/Full - Last Name) (Legal/Full - First Name) (Legal/Full - Middle Name – if applicable)

Maiden and/or Aliases Name: _____ Date of Birth: ____/____/____
(List any and **ALL** names used in the past.)

US Citizen: **YES or NO** If yes State of Birth _____ If no, Country of Origin _____
(Circle One)

Race: _____ Sex: _____ Height: ____' ____" Weight: _____ Eyes: _____ Hair: _____

Driver's License: # _____ State Issued: _____ Expiration Date: _____

Social Security Number ____/____/____ (Disclosure of your social security account number is voluntary. Solicitation of the number is authorized under ORS 166.420. It will be used only as a means of identification.)

Primary Address: _____
(Number and Street Name) (City, State, and Zip Code)

Mailing Address (if different) _____
(PO Box/ Number and Street Name) (City, State, and Zip Code)

Home Phone# _(____)____ - _____ Cell Phone: _(____)____ - _____

List **ALL** other States and/or Countries of prior residence [since age 18]: _____

NEW AND TRANSFER APPLICANTS ONLY: Character References **REQUIRED** – (Do not use immediate family):

Name Address, City, State, and Zip Code Daytime Phone

Name Address, City, State, and Zip Code Daytime Phone

Employed By: (Optional) _____ Address: _____

City, State, and Zip Code: _____ Phone number: _____

List residences for the past two years, if different than above:

Date Address, City, State, and Zip Code

Date Address, City, State, and Zip Code

Persons with residences in more than one county, or Constant Travelers must have the Multnomah County address as the first address on your driver's license, or you must apply in the county which appears first on your driver's license.

ANSWERS TO ALL THE BELOW QUESTIONS ARE REQUIRED

ATTENTION: Oregon Law prohibits the issuance of a concealed handgun license to anyone with a felony conviction, a misdemeanor conviction within the last four years, or anyone on pretrial release. Oregon law allows for the 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. Federal law [18 USC 922] prohibits issuance of a license to anyone who has ever been convicted of a misdemeanor crime of domestic violence. Federal law prohibits anyone who is subject to a court restraining or stalking order relating to domestic violence to purchase and possess firearms and ammunition or engage in activities involving firearms. In addition, 18 USC 922 prohibits anyone who is an illegal alien, sex offenders registered in any state and anyone who in an unlawful user of controlled substances from purchasing or possessing firearms.

1. Did you, as a juvenile, commit an act that, if it was committed by an adult, would constitute a felony or a misdemeanor? This would mean any crime that involved violence, as defined in ORS 166.470 (Assault IV, Menacing, Recklessly Endangering another Person, Assaulting a Police Officer, or Intimidation II). Yes No
2. If, you answered yes to question 1, has it been over four years since you were discharged from the Juvenile Courts? [Do not answer if you did not answer yes to question 1] Yes No
3. Have you ever been convicted of a felony (including being found guilty of a felony by reason of insanity under ORS 161.295)? Yes No
4. Have you, as an adult, been convicted of any misdemeanor or found guilty (except for insanity) under ORS 161.295, within the last four years from this date? Yes No
5. Do you have any outstanding warrants for your arrest? Yes No
6. Are you free on any form of pre-trial release? Yes No.
7. Have you ever been convicted of a misdemeanor crime of domestic violence, as defined in the Gun Control Act of 1968, in Oregon or any other state? Yes No
8. Are you currently subject to any type of restraining or stalking order issued by the court? If, so please provide information about the order, such as date you were served, state, status, etc. Yes No

9. Have you been committed to the Mental Health and Developmental Disability Services Division under ORS 426.130, or subject to an order prohibiting you from buying or possessing a firearm because of mental illness? Yes. No
If yes, State: _____
10. Have you ever been convicted of any offense (including violation or infraction) involving controlled substances (including but not limited to marijuana, ecstasy, heroin, cocaine, LSD, peyote, or methamphetamine)? Yes. No
11. If any of the previous conditions have applied to you, have you been granted relief from the disability under ORS 166.274 or 18 U.S.C. 925 (c) or have you had your records expunged? Proof of relief must be presented with this application. Yes No
 Not Applicable

UNITED STATES CITIZENSHIP REQUIREMENTS:

Originals Only

Applicants who were not born in the United States, but who have become naturalized U.S. citizens; or Applicants who were born in foreign countries, as US citizens, must present proof of citizenship at the time of appointment.

If you were not born in the US, you must bring one of the following. Your application will not be processed without one of them, and you must reschedule. A work permit or a legal resident alien card does **not** meet the requirements. Documentation may include one of the following:

- A current US Passport
- A certificate of citizenship
- An FFS240 [Foreign Service Document] issued at birth
- A US birth certificate
- Or original naturalized citizenship certificate
- If not a US citizen, have lived in Multnomah County for at least 6 months, and have declared in writing to the INS intention to become a citizen. You must show proof of written declaration at appointment.

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1. Are a US Citizen or meet the qualifications stated above? Yes No
2. Are at least 21 years of age on the date of application? Yes No
3. Have ever been dishonorably discharged from the United States Armed Forces? Yes No
If yes, when? _____
4. Have you ever renounced your United States citizenship? Yes No
If yes, when? _____
5. Have been court ordered to register as a sex offender in any state? Yes No
If yes, when? _____
State: _____
6. Do currently use any controlled substances such as, but not limited to, marijuana, cocaine, methamphetamine, methadone, LSD, or ecstasy? Yes No
If no, skip to #7
- 6a. If answered yes to question 6, what controlled substances do you use?

- 6b. If answered yes to question 6, how would you describe usage?
 Infrequent [less than 4 times in the last 12 months]
 Casual [4 to 12 times in the last 12 months]
 Frequent [at least 12, but less than 24 times during the last 12 months]
 Regular [once a week or more]
 Other _____
- 6c. If answered yes to question 6, approx. how long have been using controlled substances?
 Less than 3 months
 3 to 6 months
 6 months to a year
 More than a year
- 6d. If answered yes to question 6, is use of controlled substances authorized by a medical doctor? Yes No
If yes, when? _____
- 6e. If answered yes to question 6, do have a prescription authorizing the use of this drug? Yes No
If yes, when? _____
7. If answered yes to of the questions 3 through 6 above, do currently own or possess a firearm? Yes No
 Not Applicable
- If yes, make and model of gun: _____

Only New Applicants will be fingerprinted
[unless, you do not have a State ID number from a previous CHL].

All New Applicants, Transfers, and Renewals will be photographed.

Transfers and Renewals do not need to show competency. Their expired CHL is proof.

All New Applicants must provide documentation of competency in handgun safety as outlined in ORS 166.291(1) (a) to (f) at the time of your appointment. Do not mail in with your application.

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 the original would have. If you are stopped, and your address does not match the one on your driver's license, it can be confiscated by the law enforcement officer and returned to us.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS.

- All information I have submitted is correct.
- I understand that making false statements on this application is a misdemeanor and would make me subject to prosecution and automatic denial or revocation.
- I understand Oregon law considers this application public information.
- I must carry my valid concealed handgun license with me whenever I carry a concealed handgun. If I am found to be without my CHL it is prima facie evidence that I do not have such a license.
- By signing this application, I understand that if I have contact with a law enforcement agency, their report will be sent to the Concealed Handgun License Unit for review and inclusion in my Concealed Handgun License file.
- **I know that by signing this application I am authorizing the Multnomah County Sheriff's Office to conduct a thorough criminal background investigation. Should there be a reason that I am denied a Concealed Handgun License, I will be notified by mail within 45 days of my application.**
- If I am denied a Concealed Handgun License, I have 30 days to show proof that I have had the record expunged, dismissed, or that it is not my record. There will be no additional fee if our unit receives the proof within that 30 days and your license is issued. If you still do not agree with our decision you have the right to appeal. A person who has a concealed handgun license revoked may petition the Circuit Court for review as allowed under ORS 166.293(5).

Signature of Applicant: _____ **Date:** _____

Email Address: _____@_____

FEES: ALL TRANSACTIONS MUST HAVE AN APPLICATION

For Hours of Operation, please contact us at 503-251-2417 or visit the website at www.mcso.us

Applications can be Mailed, Faxed, or Submitted in Person
Payments: Exact Cash, Check or Credit Card is accepted at the time of appointment ONLY.

- New applicant's fee - \$65.00; No Concealed License every. (appointment required)
- Change / Replacement - \$15.00 (no appointment needed)
- Renewal Fee - \$50.00 Current or Expired (Have been fingerprinted for a CHL in Oregon)
- Transfer fee – \$15.00 Current or Expired. (no appointment needed)

All payments are non-refundable.



MULTNOMAH COUNTY SHERIFF'S OFFICE

CONCEALED HANDGUN LICENSE APPLICATION
REQUEST FOR PROTECTION OF RELEASE OF PERSONAL INFORMATION
UNDER OREGON PUBLIC RECORDS LAW

Personal Safety /Security Measures/Information of a Personal Nature (ORS 192.445(1)/ORS 92.501(23)/ORS 192.502(2))

I _____(PRINT NAME) request that my name, home address, personal telephone number, electronic mail address, date of birth or any other information of a personal nature recorded on my application for a Concealed Handgun License be exempt from disclosure under the Public Records Law for the following reason(s):

My personal safety, or that of a family member residing with me, may be compromised if my personal information is released pursuant to a Public Records request for one or more of the following reasons (check all that apply):

_____ I, or a family member(s), have been a victim of a crime of domestic violence, burglary, assault or (other person crime): _____

_____ I believe that release of my address may subject me and my family to the threat of a burglary for the purpose of stealing a handgun, thereby placing myself or my family in danger.

_____ I believe that the public release of this information may subject me to increased danger of identity theft.

_____ I believe that public disclosure of my personal information would constitute an unreasonable invasion of privacy for the following reason(s):

I hereby confirm that the foregoing information is true and correct to the best of my knowledge and belief.

Print Full Name: _____ CH-License # _____
First Middle Last

Signature _____ Date: _____

	Mail or Drop Off	Fax	Email
SUBMISSION OPTIONS	MULTNOMAH COUNTY SHERIFF'S OFFICE ATTN: CHL Unit 12240 NE Glisan Street Portland, Oregon 97230-2117	503-251-2513	chl@mcsos.us

FOR OFFICIAL USE ONLY

Approved By: _____ Date: _____

Recorded By: _____ Date: _____