



# Multnomah County Sheriff's Office

12240 NE Glisan St., • Portland, OR 97230

*Exemplary service for a safe, livable community*

DANIEL STATON  
SHERIFF

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## APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUNS

**All services require payment. New \$65, Renewal \$50, Transfer \$15, Transfer and Renewal \$65, Address Change \$15**

New Applicant (Never had Oregon CHL)      Renewal      Transfer: \_\_\_\_\_  
From County      Address or Name Change      Other: \_\_\_\_\_  
**Please submit fee with form**

Date: \_\_\_\_\_ CHL # (Only if this is a Renewal or Reinstatement): \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Second ID Type: \_\_\_\_\_ US Citizenship: US Passport  
Second ID Exp. \_\_\_\_\_ Cert of Naturalization  
Birth Certificate

Competency Instructor: \_\_\_\_\_ NRA/DPSST #: \_\_\_\_\_

**If you are applying as an out of state applicant, include a letter listing your compelling reason for wanting an Oregon permit with this application. If you are not a Washington State resident, you must own property in Multnomah County to qualify.**

Full Legal Name: \_\_\_\_\_  
Last Name      First Name      Middle Name

Maiden Name and/or Aliases (List all names previously used): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ OR Country if not born in US: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.420. It will be used only for identification.**

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street Address      City      State      Zip Code

Mailing Address (if different): \_\_\_\_\_  
Street Address      City      State      Zip Code

Home Phone Number (include area code): \_\_\_\_\_ Cell Phone (include area code): \_\_\_\_\_

Proof of Residence:      Current Oregon Driver's License      Voter's Registration Card  
Previous Year's Oregon Tax Return      Current Rent of Lease Agreement  
Real Property Ownership: \_\_\_\_\_  
Address/tax lot number must be in Multnomah County

Email Address: \_\_\_\_\_ List all states where you have lived (since age 18): \_\_\_\_\_

**Character References (New & Transfer applications only):** List 2 local and non-family references:

1. \_\_\_\_\_  
Name, Complete Mailing Address, and Phone Number

2. \_\_\_\_\_  
Name, Complete Mailing Address, and Phone Number

Employer Name, Address, & Phone (Optional): \_\_\_\_\_

List residence addresses for the past three years and dates you resided at each (If different from current address):

- \_\_\_\_\_
- \_\_\_\_\_

**Initial each box indicating that you have read each statement. PLEASE READ CAREFULLY**

**I HEREBY DECLARE AS FOLLOWS:**

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 Multnomah County for at least six months and have declared in writing to the United States Citizenship and Immigration Services 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 for the last four years for committing an act, that if committed by an adult, would constitute a felony or a misdemeanor involving violence.

I have **NEVER** been convicted of or found guilty of a felony.

I have **NOT**, within the last four years, been convicted of or found guilty of a misdemeanor.

There are no outstanding warrants for my arrest.

I do **NOT** have any charges pending in any court resulting from any citation or arrest.

I have not been mentally committed by a court nor have I been found mentally ill and am not presently subject to an order prohibiting me from purchasing a firearm because of mental illness.

I have never been to court for any charge involving drugs.

I am not subject to a citation or court order restraining me from contacting or stalking another.

I have not received a dishonorable discharge (enlisted members) or a dismissal (commissioned officers) from the U.S. Armed Forces.

I am not required to register as a sex offender in any state.

I understand I will be photographed and fingerprinted.

**I have read the entire text of this application and understand it completely. The statements I have made are correct and true. I understand that making false statements on this application is a crime. If I have made false statements in this application, I am subject to prosecution and my application will automatically be denied or revoked.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Oregon laws consider concealed handgun license application information a public record. As a public record, anyone can make a request for the records without giving a reason for wanting the information. There is an exception that states if a release of the records would reveal or identify security measures taken to protect an individual (ORS 192.501 (23)) it may remain confidential. If you are obtaining a CHL for security reasons and want your information to remain confidential you must answer the two questions and sign below.

- I want my concealed handgun license information to be kept confidential and to be protected from release to the public. Yes No
- I applied for a concealed handgun license as a personal safety measure and I want all information about my application and license to be protected from release to the public. Yes No

Privacy statement signature: \_\_\_\_\_ Date: \_\_\_\_\_