Multnomah County Sheriff's Office

4735 E Burnside St., • Portland, OR 97215

Exemplary service for a safe, livable community

MICHAEL REESE
SHERIFF

503 988-5300 PHONE
www.mcso.us

Expedited Access Application

☐ **New ($125)** ☐ **Renewal ($125)** ☐ **Replacement ($15)**

Oregon Bar # (if applicable): _____ **ODL #:** _____ **Exp.:** _____ **DOB:** _____

NAME: _____
(Last Name) (First Name) (Middle Name)

Employed by: _____ **Employer Phone #:** _____

Employer Address: _____

Residential Address: _____

Home Phone #: _____

I HEREBY DECLARE AND UNDERSTAND THE FOLLOWING:

☐ I have no outstanding warrants for my arrest.
☐ I am not free on any form of pretrial release.
☐ I have never been convicted or found guilty of a felony.
☐ I have not been convicted or found guilty of a misdemeanor within the four years prior to submission of my application.
☐ I have never been convicted of Domestic violence (Misdemeanor or Felony).
☐ I have never been committed to the Mental Health and Development Disability Services Division.
☐ I have never been charged in the jurisdiction of the juvenile court.

If you were charged, while a minor, within the jurisdiction of the juvenile court for having committed an act, which if it had been committed by an adult, would constitute a felony or misdemeanor involving violence, as defined in ORS 166.470 (Assault IV, Menacing, Recklessly Endangering Another Person, Assaulting a Police Officer, and Intimidation II), has it been more than four years since you were released from the juvenile court system?

☐ Yes ☐ No ☐ N/A

I have read and understand this application and I confirm all information submitted is correct to the best of my ability. I further understand that making false statements on this application is a misdemeanor and can result in prosecution and automatic denial.

_____
Initial

I understand that the use of the court expedited access card is for purposes of business only. Personal use is strictly forbidden. Misuse of the privilege may result in the confiscation of my card.

_____
Initial

_____ _____
Date **Signature of Applicant**

Please Note: The care and condition of your access card is your sole responsibility. Distorted images or cards will need to be replaced at the expense of the holder. Replacement cards cost $15.