

CONCEALED HANDGUN PERMIT INFORMATION PLEASE READ CAREFULLY

PLEASE CALL 426-3131 TO SCHEDULE AN APPOINTMENT FOR FINGERPRINTING

If you are a new applicant or are transferring from another County, you must call the Wallowa County Sheriff's Office to make an appointment to submit your application. At the time you submit this application to the Sheriff for processing, you will be photographed, fingerprinted and your fees will be collected. **These fees are non-refundable and cover the cost of background investigation and processing required by law.**

- Wallowa County Sheriff's Office fee for a **new** application is \$65.00, which includes the \$15.00 Oregon State Police fingerprint processing fee.
- Wallowa County Sheriff's Office fee for a **renewal** license is \$50.00.
Current Oregon CHL Transfer Fee with **same** expiration date as existing CHL is \$30.00; or **New** 4 year expiration date is \$65.00 (Note: Transfer fee includes the \$15.00 Oregon State Police fingerprint processing fee).

Applicants must submit a check in above noted amount made out to the **Wallowa County Sheriff.**

At the time of application, you must be able to demonstrate competence with a handgun by any one of the following:

1. Completion of any hunter education or hunter safety course approved by the State Department of Fish and Wildlife or similar agency of another state if handgun safety was a component of the course.
2. Completion of any National Rifle Association firearms safety or training course if handgun safety was a component of the course.
3. 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 National Rifle Association or a law enforcement agency if handgun safety was a component of the course.
4. Completion of any law enforcement firearms safety and 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.
5. Presents evidence of equivalent experience with a handgun through participation in organized shooting competition or military service.
6. Is licensed or has been licensed to carry a firearm in this state, unless the license has been revoked.
7. Completion of any firearms training or safety course or class conducted by a firearms instructor certified by a law enforcement agency or the National Rifle Association if handgun safety was a component of the course.

YOU MUST SHOW PROOF BY DOCUMENTATION OF THE ABOVE COMPETENCIES AND MEET ALL THE REQUIREMENTS ON THE APPLICATION OR YOUR LICENSE MAY BE DENIED.

CAUTION: POSSESSION OF A CONCEALED HANDGUN LICENSE DOES NOT AUTHROIZE YOU TO CARRY A FIREARM IN ANY FEDERAL BUILDING OR FACILITY, ON AIRPORT PROPERTY OR IN ANY COURTHOUSE WHERE THE PRESIDING JUDGE HAS POSTED NOTICE OF SUCH PROHIBITION. IF YOU ARE APPREHENDED WITH A WEAPON ON THESE PREMISES YOUR CONCEALED HANDGUN LICENSE WILL BE SEIZED AND RETURNED TO THE SHERIFF, AND YOU CAN BE CHARGED WITH A FELONY.

Wallowa County Sheriff's Office
Application For License To Carry Concealed Handgun
104 W. Greenwood Suite A
Enterprise, OR 97828
541-426-3131

*****To be filled in by Sheriff's Office Personnel*****

Proof of Identification Two pieces of current ID are required, one of which must bear the photograph of the applicant.

1. Type _____ Number _____

2. Type _____ Number _____

Photographed _____ Fingerprinted _____ Competency Verification _____ Permit signed _____

Sheriff's Fee new application \$65 _____; or renewal \$50 _____; or

Duplicate /Transfer Fee \$ 30 _____ w/same expiration date; or \$65 w/ 4 year permit _____.

Initials of WCSO personnel receiving this application _____

PRINT FULL LEGAL NAME

First FULL Middle Last

Other Names Used (Maiden etc) _____

E-Mail address: _____ to send a renewal reminder and other appropriate updates

Current Residence/Domicile Address: _____

Mailing Address (if different): _____

Numbers and Street Name

How Long?

P.O. Box

City

State

Zip

City

State

Zip

RESIDENCY REQUIREMENTS, Select one:

- ☐ I have a current Oregon driver's license showing a residence address in the county.
- ☐ I am registered to vote in Wallowa County, and I have a precinct memorandum card showing a residence address in the county.
- ☐ 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.
- ☐ I currently live in a contiguous state and am applying as an out of state applicant, I have included a compelling statement letter.

List other states you have resided in as an adult: _____

Home Phone Number or Message Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Employer: _____

Address: _____ City: _____

Occupation: _____ (If self employed, state type of business) _____

NOTE: Your Oregon Drivers License/ID card must reflect your current Wallowa County Address

Operator's License #: _____ Expiration Date: _____ Age: _____

Sex: _____ Date of Birth: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ - _____ - _____ (Solicitation of the number is authorized under ORS 166.420. It will be used only as a means of Identification.)

State of Birth (or Foreign Country): _____ Race: _____

If you were born in a foreign country, you must provide proof of citizenship or naturalization. Exceptions are if you were born in a US Territory such as Guam or US Virgin Islands (St. Thomas, St. Croix, St. John) or a Commonwealth such as Puerto Rico or Northern Mariana Islands.

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 does **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, and those renewing licenses must provide this proof.

List residence addresses for the past three years and dates:

1. _____

2. _____

3. _____

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 statement in this application may result in prosecution for a misdemeanor and will result in an automatic denial of your application.

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you ever been dishonorably discharged from the United States Armed Forces?

☐ Yes ☐ No If yes, when _____

2. Have you ever renounced your United States citizenship?

☐ Yes ☐ No If yes, when _____

3. Have you ever been convicted of an offense (including a violation or infraction) involving controlled substances (including but not limited to marijuana, ecstasy, heroin, cocaine, LSD, peyote, or methamphetamine) ?

☐ Yes ☐ No If yes, when and where? _____

4. Have you ever been in a court-ordered diversion program related to substance abuse charge (including violations and infractions) ?

☐ Yes ☐ No If yes, when and where? _____

5. Do you currently use controlled substances such as marijuana, cocaine, methamphetamine, LSD, or ecstasy?

☐ Yes ☐ No (If no, skip to question 6.)

5a. If you answered yes to question 3, what controlled substances do you use?

5b. If you answered yes to question 3, how would you describe your usage?

☐ **Infrequent** (less than 4 times during the past 12 months)

☐ **Casual** (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)

☐ **Other** _____

5c. If you answered yes to question 3, approximately how long have you been using controlled substances?

☐ **Less than 3 Months**

☐ **3 to 6 Months**

☐ **6 Months to 1 Year**

☐ **More than 1 Year**

5d. If you answered yes to question 3, is your use of controlled substances authorized by a medical doctor?

☐ Yes ☐ No

5e. If you answered yes to question 3, do you have a prescription authorizing the use of controlled substances?

☐ Yes ☐ No

6. Have you ever been convicted of an offense involving any controlled substances?

☐ Yes ☐ No

7. Are you subject to any type of restraining or stalking order issued by any court?

☐ Yes ☐ No

7a. If you are subject to a restraining or stalking order, please provide information about the order:

8. Have you **EVER** been convicted of a misdemeanor crime of domestic violence?

☐ Yes ☐ No If yes, when? _____

9. Have you ever been required to register as a sex offender in any state?

☐ Yes ☐ No If yes, which State are you required to register? _____

9a. Is the requirement to register as a sex offender still in effect? ☐ Yes ☐ No

Explain. _____

10. If you answered Yes to any questions 1 through 9 above, do you currently possess a firearm that is in working order?

☐ Yes ☐ No If yes, who manufactured the firearm? (i.e. Glock, Ruger, Winchester, Remington)

Please Read And Answer The Following Questions Carefully:

- ☐Yes ☐No Are you a citizen of the United States? If you are **NOT** a U.S. citizen, are you a legal resident alien who can document continuous residency in Wallowa County for at least six months **and have you declared in writing to the Immigration and Naturalization Service your intention to become a citizen and can you present proof of the written declaration to the Sheriff at the time of this application?**
- ☐Yes ☐No Are you at least 21 years of age?
- ☐Yes ☐No ☐Not Applicable Have you been discharged from the jurisdiction of the juvenile court? Were you found to be within the jurisdiction of the juvenile court for having committed an act that, if committed by an adult, would constitute a felony or a misdemeanor involving violence, as defined in ORS 166.470?
- ☐Yes ☐No Have you **EVER** 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.
- ☐Yes ☐No Have you 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
- ☐Yes ☐No Have you **EVER** been convicted of a misdemeanor crime of domestic violence, as defined in the Gun Control Act of 1968?
- ☐Yes ☐No Do you have any outstanding warrants for your arrest **AND/OR** are you free on any form of pre-trial release?
- ☐Yes ☐No Do you have any charges pending in any court resulting from an arrest or citation?
- ☐Yes ☐No Have you been committed to the Mental Health and Developmental Disabilities Services Division under ORS 426.130 or have you 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 18 U.S.C. 925(c). Proof of relief must be attached to this application.

- ☐Yes ☐No Do you understand that you will be fingerprinted and photographed?
- ☐Yes ☐No Do you meet the requirements of ORS 166.291 (f) (A) to (G) of competency with a handgun? Do you know that you must bring documentation to your appointment or your application will not be approved?
- ☐Yes ☐No **Have you read the entire text of and understand this application and the statements therein are correct and true. Do you further understand that making false statements on this application is a misdemeanor and you will be subject to prosecution and automatic denial or revocation.**

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 has renounced their United States citizenship, anyone who has been dishonorably discharged from the United States Armed Services, anyone who is an illegal alien and anyone who is an unlawful user of controlled substances from purchasing or possessing firearms.

Pursuant to ORS: 192.445 Nondisclosure on request of home address, home telephone number and electronic mail address; rules of procedure; duration of effect of request; liability; when not applicable.

(1) An individual may submit a written request to a public body not to disclose a specified public record indicating the home address, personal telephone number or electronic mail address of the individual. A public body may not disclose the specified public record if the individual demonstrates to the satisfaction of the public body that the personal safety of the individual or the personal safety of a family member residing with the individual is in danger if the home address, personal telephone number or electronic mail address remains available for public inspection.

☐Yes ☐No I am requesting that my application and information be maintained as confidential and not be release to the public

☐Yes ☐No I have a Concealed Handgun License as a personal safety measure and do not want any information about my application or Concealed Handgun License status released to the public.

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.

Pursuant to 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.

Signature of Applicant: _____ **Date** _____

Pursuant to ORS 426.160 (2), I hereby request that you release to the Sheriff of Wallowa County any and all information that you may have concerning any mental illness proceeding against me under ORS 426.130.

I direct you to release to the Sheriff of Wallowa County any and all of the following records concerning me within your possession, if any exist, and if no information exists that you notify the Sheriff of such:

1. Records of any commitment to the Mental Health Division under ORS 426.130 with four (4) years prior to January 1, 2002.
2. Records of any finding of mental health illness and orders prohibiting me from purchasing or possessing a firearm because of mental illness.

****OUT OF STATE APPLICANTS – if you are granted an Oregon Concealed Handgun License you shall contact the county of issuance if you are arrested/taken into custody for any reason in your home state or**

any other state. Failure to notify may result in a revocation of your Oregon Concealed Handgun License.**

Signature of Applicant: _____ Date _____

Notes:

To be filled in by Sheriff's Office Personnel

____ CCH ____ RR ____ QMEN ____ 10/20 ____ Dept Records ____ Enter Applicant into LEDS ____

Print 2 Pictures ____ Mail Fingerprint Cards ____ Modify LEDS ____ Enter into Justice ____

OCA _____ SID _____ FBI _____

Expiration Date _____

Denial ____ Reason for Denial
