# Tillamook County Concealed Handgun License Application



# **TILLAMOOK COUNTY SHERIFF'S OFFICE**

### **SHERIFF JOSHUA BROWN**

5995 Long Prairie Rd Tillamook, OR 97141 Phone (503) 842-2561 www.tillamooksheriff.com

APPLICATION DIRECTIONS: Appointments are required for all Concealed Handgun License applications.

Application Type: □	□New \$115 □Ren □A ddress Change \$ <sup>2</sup>					
All applicants must	t provide proof of	citizenship.All a	<i>pplicant</i> s mus	t <i>provide tw</i> e	o pieces	
Full Legal Name: F						
All other names ever	used:					
Drivers Lic#:	State:	Expires	Age:	Sex	: Male	Female
Date of Birth:	Height:	Wight: _	Eye Color:	Hai	r Color: _	
mm/dd/ Current Residential			Mailing Address			
Address:			Address:			
City:	State:	_ (	City:	S	tate:	
Zip Code:			Zip Code:			
How long at this addre	ss?					
Place of Birth: State:	OI	Country:		Race/Ethi	nicity:	
List all states you lived	in as an adult (18 yea	ars+) including milit	ary bases:			
			Cell #: Work #:			
E-Mail Address: (kep Social Security Number						
Disclosure of your Soc 166.291. It will be use	ial Security account nu	mber is voluntary. S	Solicitation of the	number is auth	orized ur	ider ORS
NEW APPLICANTS / I	•		AENT, DIEACE O	ONTINUE TO	NEVT DA	OF
**Address Change/						
Office Use Only	QMEN DMV Q	WHD NCIC D	OC IPR RGN	E-CT AM	MSG	EN QNP
Date Issued:	Approve	ed By:	Amount Paid	:		
OR / SID #:						
			Expiration Date:			
FBI#:			Expiration Date.			
FBI#: ID #2:			on:			

#### NOTICE TO APPLICANT - READ THIS AREA CAREFULLY!

Oregon law allows for the denial of a concealed handgun license if you have a history that shows an inclination toward confrontation with others, including neighbors, family members, etc. You may also be denied a concealed handgun license if you have a history of conflict with law enforcement officers, offenses with firearms, documented problems involving alcohol and/or drug abuse. If any of these conditions apply to you and you nonetheless feel you are eligible for a license, return to this office appropriate documentation, dates and explanation of circumstances including copies of any applicable pardons, certificates of discharge, or court orders surrounding

your circumstances for further consideration. 1 \*INITIAL\* I HAVE READ AND I UNDERSTAND THE ABOVE STATEMENT Instructions: \*INITIAL\* each box indicating that you have read each statement below and you declare the statement is true. 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 Tillamook [ 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 now at least 21 years of age. I have not been under the jurisdiction of the juvenile department in the last four years for committing an act, that if committed by an adult, would constitute a felony or a misdemeanor involving violence as defined in ORS 166.470. I have NEVER been convicted of a felony or found guilty of a felony in the State of Oregon or elsewhere. If I have been convicted of a felony, it has been by reason of insanity under ORS 161.295. I have NOT, within the last four years, been convicted of a misdemeanor or found guilty of a misdemeanor in the State of Oregon or elsewhere. If I have been convicted of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295. Except as provided in ORS 166.291(1)(L), I have NOT been convicted of an offense involving controlled substances or completed a court [ supervised drug diversion program. Note: ORS 166.291(1)(L) provides that its terms do not apply to you: if you have been convicted only once of a marijuana possession offense constituting a misdemeanor or violation under the law of the jurisdiction of the offense; or if you have only once completed a drug diversion program for a marijuana possession offense that constituted a misdemeanor or violation under the law of the jurisdiction of the offense; but not both. If you have been convicted of a marijuana possession offense constituting a misdemeanor or violation, or participated in a drug diversion program for such a charge, and this is the only controlled substance conviction or diversion, then initialing this box would not be unlawful. If you have another controlled substance conviction or have participated in another supervised drug diversion program, then initialing this box would be unlawful. There are no outstanding warrants for my arrest, and I do not have any charges pending in any court resulting from an arrest or citation. 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 presently subject to an order prohibiting me from purchasing a firearm because of mental illness. I am not subject to a citation or court order restraining me from contacting or stalking another. I have never received a dishonorable discharge (enlisted members) or received a dismissal (commissioned officers) from the Armed Forces of the United States. I am not required to register as a sex offender in any state. All of the above apply to me. If any of the above does not apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or ORS 166.293 or 18 USC 925(c) or have had the records expunged. I understand that I will be fingerprinted and photographed.

		n, and the statements therein are correct and t or crime, and that I am subject to prosecution	
of Applicant:		Date:	
	EMAIL ADDRESS		

Signature of Applicant:

## **Out of State Applicants:**

True I currently live in a contiguous	s state and am applying	g as an out of state	applicant.
All out of state new applicants and red demonstrated need which exhibits a			lling business interest or other legitimate
References for New Applicants References are required for N		ly List <i>two chara</i>	ncter references.
1. Name:	Address:		
City/State:		_ Zip Code:	Phone:
2. Name:	Address:		
City/State:		_ Zip Code:	Phone:
	change of address is \$1 e my address could be nce of a concealed ha	5.00. ORS 166.291( grounds for revocate	(S}(C).
	ense If the Sheriff de		a danger based upon a past pattern
building, on secured airport area prohibition. The Tillamook County	s or in any courthous y Courthouse and co hese premises your o	se where the presi urt a r e posted wi concealed handgur	e you to carry a firearm in any federal ding judge has posted notice of such th this prohibition. If you are n license may be seized and returned
Initial: I have read and u understand that making false sta prosecution and automatic denial	tements on this appli	cation is a misdem	
Signature of Applicant:		n	ato Signod: