



Sheriff's Office

James W. Swinyard, Sheriff
180 NW 5th Street
Corvallis, OR 97330

(541) 766-6858
FAX (541) 766-6011

APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN
State of Oregon Concealed Handgun License

Date: _____
Original License \$50.00 (plus \$15.00 for fingerprinting)
License Renewal \$50.00
License Transfer \$15.00

No need to fill out entire Application for Change of Address, Lost/ Stolen. Fill in Name and Address and License Number if known. Fee is \$15.00.

I, _____ hereby declare as follows:
(Full Legal Name)

I am a citizen of the United States or a legal resident alien who can document continuous residency in the 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 at least 21 years of age. I have been discharged from the jurisdiction of the juvenile court for more than four years if, while a minor, I was found to be within the jurisdiction of the juvenile court for having committed an act which, 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, except for insanity under ORS 161.295, of a felony in the State of Oregon or elsewhere. I have not, within the last four years, been convicted of a misdemeanor or found guilty, except for insanity under ORS 161.295, of a misdemeanor. There are no outstanding warrants for my arrest and I am not free on any form of pretrial release. I have not been committed to the Mental Health and Developmental Disability Services Division under ORS 426.130, nor have I been found mentally ill and presently subject to an order prohibiting me from purchasing or possessing a firearm because of mental illness. If any of the previous conditions do apply to me, I have been granted relief or wish to petition for relief from the disability under ORS 166.274 or 166.293 or 18 U.S.C. 929(c) or have had the records expunged. I meet the requirements of ORS 166.291 subsection (1) (a) to (j). I understand I will be fingerprinted and photographed.

Age: _____ Date of Birth: _____ Place of Birth: _____

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.)

Proof of identification: (Two pieces of current identification are required, one of which must bear a photograph of the applicant.) You will need to show the two pieces of identification you have listed below at the time your application is turned in

1. (Kind of ID): _____ Number: _____

2. (Kind of ID): _____ Number: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

Current Address: _____ City: _____ Zip _____

County: _____ Telephone: _____

I have read the entire text of this application, and the statements therein are correct and true. Making false statements on this application is a misdemeanor.

(Signature of Applicant)
(over)

List Residence Addresses for past 3 years if different from present address: (Please Print)

Place of current employment:

Name Address Zip Phone

If you are RENEWING your Benton County license, please provide the following information:

Concealed Handgun License Number: _____
Expiration Date: _____

If you are TRANSFERING from another county, please provide the following information:

Concealed Handgun License Number _____
Issued in what County _____
Expiration Date: _____

SPACE BELOW FOR OFFICIAL USE ONLY

License Approved: Denied:

By: _____

Competency with Handgun documentation : Approved Course
Military Service
CHL

Date Issued: _____ Fee Paid: _____ License #: _____
Expiration Date: _____

Additional Comments: _____

