



# Yamhill County Sheriff's Office

Yamhill County Courthouse  
535 N.E. 5<sup>th</sup> Street, Room 143, McMinnville, Oregon 97128-4595

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Business Office (503) 434-7506 • Fax: (503) 472-5330

Jail (503) 434-7507

Emergency 911

*"Excellence In Service"*

**Sheriff Jack Crabtree**

November 12, 2008

**RE: IMPORTANT INFORMATION ABOUT YOUR CONCEALED HANDGUN LICENSE**

Dear Concealed Handgun License Holder,

There is currently a statewide issue regarding the disclosure of the names, addresses and other identifying information of people who have concealed handgun licenses, which includes you. In short, the media and other groups are asking for lists of information about all the people who have a concealed handgun license. As your Sheriff, I have refused to disclose that information, as it is my belief that people get a CHL for their security and the security of their families and do not want that information made public. In addition, as we are all aware, identity theft is also a growing concern.

Notwithstanding my belief, and the beliefs of other sheriffs in the state, an Oregon court has recently said that there is no evidence that people get a CHL as a security measure, and ordered the Jackson County Sheriff to disclose the list of information about Jackson County CHL holders to the local newspaper. That case is currently being appealed to the Oregon Court of Appeals.

At this point, while I have a belief that you obtained your CHL as a security measure, and that you would not want everyone in the state to have your name, address and other personal information, I do not know that for certain. I am asking you to answer two questions so that I know for certain whether you want your information released.

Please answer the two questions on the lower portion of this letter and return that section to the Sheriff's Office at the address below, If you want your name and other information to remain confidential, simply answer YES to both questions. Thank you for your cooperation.

Sincerely,

Jack Crabtree,  
Yamhill County Sheriff

Yes       No      I AM REQUESTING THAT MY APPLICATION AND INFORMATION BE MAINTAINED AS CONFIDENTIAL, AND NOT RELEASED TO THE PUBLIC.

Yes       No      I AM APPLYING FOR A CHL AS A PERSONAL SAFETY MEASURE, AND DO NOT WANT ANY INFORMATION ABOUT MY APPLICATION OR CHL STATUS RELEASED TO THE PUBLIC.

Print your name please: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is the Mission of the Yamhill County Sheriff's Office  
to provide our citizens with high quality law enforcement services, in an ethical  
and fiscally responsible manner.*



# APPLICATION FOR NEW CONCEALED HANDGUN LICENSE

YAMHILL COUNTY SHERIFF'S OFFICE  
JACK CRABTREE, SHERIFF  
535 NE Fifth Street, McMinnville, OR 97128  
503-434-7506

"Excellence in Service"

(PLEASE PRINT CLEARLY)  New Application  Renewal  Change of Address or Lost License

Name (full legal name) \_\_\_\_\_

Other names (maiden, other names used) \_\_\_\_\_

Address #1 (mailing) \_\_\_\_\_

Address #2 (physical) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

(Disclosure of your Social Security number is voluntary. Solicitation of the number is authorized under ORS 166.291. It will be used only as a means of ID).

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (city, state) \_\_\_\_\_

Former Residence (state only) \_\_\_\_\_ Years? \_\_\_\_\_ Former Residence (state only) \_\_\_\_\_ Years? \_\_\_\_\_

Former Residence (state only) \_\_\_\_\_ Years? \_\_\_\_\_ Former Residence (state only) \_\_\_\_\_ Years? \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Employer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DO NOT** fill in the following ID #1 or ID #2. Please let the Sheriff's Office verify. Two Pieces of current identification are required. One must show a photograph of the applicant and the other **cannot** be your Social Security card or a Charge Card. Acceptable Examples: Voter's precinct card, Medical insurance card, Employee identification card, Bi-Mart or Costco cards.

#1 Form of ID \_\_\_\_\_ #1 Exp. Date \_\_\_\_\_ #1 ID # \_\_\_\_\_

#2 Form of ID \_\_\_\_\_ #2 Exp. Date \_\_\_\_\_ #2 ID # \_\_\_\_\_

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 been convicted of a misdemeanor crime of domestic violence?

Yes  No If yes, when? \_\_\_\_\_

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

Yes  No

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

4. Do you currently use controlled substances such as marijuana, cocaine, methamphetamine, LSD or ecstasy?  
 Yes  No

**If you answered Yes to question 4, please continue. If you answered No, please date and sign at bottom of application.**

5. What controlled substances do you use? \_\_\_\_\_

6. 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)  
 Regular (once a week or more)  
 Other \_\_\_\_\_

7. Approximately how long have you been using controlled substances?  
 Less than 3 months  
 3 to 6 months  
 6 months to a year  
 More than 1 year

8. Is your use of controlled substances authorized by a medical doctor?  
 Yes  No

9. Do you have a prescription authorizing the use of controlled substances?  
 Yes  No

10. Do you currently possess a firearm?

- Yes  No If yes, how many? \_\_\_\_\_

Please list the manufacturers of each firearm? (i.e. Glock, Ruger, Winchester, Remington)

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New Concealed Handgun License (for 4 years)	\$ 65.00 (\$50.00 for License - \$15.00 for Re-Prints)
Renewal for Concealed Handgun License (for 4 years)	\$ 50.00
Lost Concealed Handgun License or Change of Address	\$ 15.00

**I have read the entire text of this application including the ORS declaration, and the statements therein are correct and true. (Making false statements on this application is a misdemeanor.)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**FEE IS NOT REFUNDABLE**