



CURRY COUNTY SHERIFF'S OFFICE

94235 Moore St., Suite 311 (Mailing)
29808 Colvin St (Physical)
GOLD BEACH, OR 97444
(541) 247- 3245 - (800) 543-8471
Chief Civil Deputy Joan Allen-Steineke
Sheriff John Ward

APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

CHL's ARE BY APPOINTMENT ONLY, PLEASE CALL 541-247-3245 TO MAKE YOUR APPOINTMENT

Today's Date: _____ Permit Number: _____ Expires: _____
(If renewal: Fill in CHL number) *** Leave Blank***

New Permit: _____ Renewal _____ Transfer: _____ Change of Address _____ Replace _____
(\$115) (\$75) (Print \$15 + \$15 = \$30) (In Curry CO: \$15) (\$15)

Name: (Print full legal name) _____
First FULL MIDDLE NAME Last

List all other names you are or have used _____

Current *Street* Address: _____

Address City State Zip Code

Current *Mailing* Address: _____

Address City State Zip Code

Home Phone: _____ Message Phone / Cell Phone: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____ Place of Birth: _____
City and State

Height: _____ Weight: _____ Eye Color: _____ Current 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.

You shall provide two pieces of current ID one of which must bear a photograph: ORS 166.291(9) (A)

Proof of Identification:

_____ Valid Driver's License/ID – Required! ORS 166.291 (4)

_____ 2nd ID: i.e. Social Security Card, passport, passport ID card, Bank card, military ID, Utah CHL, police ID or other government issued ID. If you do not have one of these documents, your application will be denied. Renewals / Transfers may use *valid* CHL cards as ID.

Proof of Residency: Current documentation showing proof of residency in Curry County.

_____ Proof of residency in Curry County; Oregon personal or property tax statements; voter registration card; title to residence; rental agreement, utility bill, etc.

New CHL applicants must also provide proof of citizenship by presenting either a current U.S. Passport or a state birth certificate. The hospital birth registration will not be accepted.

List previous residence addresses for the past three years if the information is different than listed above: _____

New Applicants Only: List two local character references and their Mailing addresses. (No relatives!!)

Full Name Mailing Address City State Zip Code Phone

Full Name Mailing Address City State Zip Code Phone

**Initial each line indicating you have read each statement.
Please read carefully. I hereby declare as follows:**

_____ I am a citizen of the United States. If I am *not* a U.S. citizen, I am a legal resident alien who can document continuous residency in the United States for at least six months, and I have declared in writing to the Immigration and Naturalizations Service my intention to become a citizen. I 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 not been under the jurisdiction of the juvenile department for the last four years for committing an act, that if committed by an adult, would constitute a felony or a misdemeanor involving violence.

_____ I have **NEVER** been convicted of a felony or found guilty of a felony in the State of Oregon or elsewhere.

_____ I have not, **within the last four years**, been convicted of or found guilty of a misdemeanor in the State of Oregon or elsewhere.

_____ I have never been to court for any charges involving drugs.

_____ There are no outstanding warrants for my arrest and I am not free on any form of pretrial release.

_____ I have not been committed by a court 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 not received a dishonorable discharge (enlisted members) or a dismissal (commissioned officers) from the U.S. Armed Forces.

_____ I am not required to register as a Sex Offender in any state.

_____ I have read the entire text of this application and understand it completely. The statements I have made are correct and true. I understand that making false statements on this application is a **crime**. If I have made false statements in this application, I am subject to prosecution and my application will automatically be denied or revoked.

Read and initial the privacy questions below:

Yes _____ No _____ I AM REQUESTING THAT MY APPLICATION AND INFORMATION BE MAINTAINED AS CONFIDENTIAL, AND NOT BE 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.

It is not legal to carry a concealed handgun until you have received your valid concealed handgun license.

Signature of Applicant: _____ Date: _____

Space below is for Sheriff's Office use only

Applicant Photographed: _____ Photo saved in JPEG: _____ Photo printed for application: _____			
Applicant Fingerprinted: _____		Fingerprint card signed by applicant: _____ Receipt Number: _____	
Fees collected: \$15.00 OSP _____		\$100.00 Sheriff's Office: _____	\$30 Transfer Fee _____ (Fingerprint)
		Address Change \$15 _____ (In Curry Co)	
Competence with handgun demonstrated by: _____			
Mental Health form signed by applicant: _____		Fingerprint card mailed to OSP: _____	
Mental Health Inquiry sent: _____		CCH check: _____ Refer to CCH	
LEDS entry: Pending _____		App processed by volunteers _____	
Denied: _____	Revoked: _____	Approved: _____	Date: _____
Final LEDS entry: _____		Date Permit mailed: _____	Hand-Delivered: _____

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94235 Moore St., Suite 311
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GOLD BEACH, OR. 97444
541-247-6661 / 1-800-543-8471
Sheriff John Ward

Administrator
Mental Health Division
2575 Bittern Street NE
Salem, OR. 97310

Dear Sir;

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

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

Records of any commitment to the Mental Health Division under ORS 426.130 within four (4) years prior to January 01, 1990.

Records of any finding of mental illness and orders prohibiting me from purchasing or possessing a firearm because of mental illness.

Print Name: _____
Last First Middle

Signature: _____

****(The above will be the signature that shows on your CHL card)****