



LINN COUNTY SHERIFF'S OFFICE

Bruce Riley, Sheriff

P. O. Box 100
County Courthouse, Albany, OR 97321
(541) 967-3907

APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

<input type="checkbox"/> NEW APPLICANT	<input type="checkbox"/> TRANSFER _____ (County)	License #: _____
<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> RENEWAL _____ OTHER	Expiration Date : _____

(Print Full Legal Name)

First _____ FULL Middle _____ Last _____

Other Names Used (Maiden, etc.) _____

Current Residence/Domicile Address:

Numbers and Street Name _____ How Long? _____ PO Box _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

My Proof of Residence Is:

Current Oregon Driver License Voter Registration Card

Recent Oregon Tax Return Current Rent or Lease Agreement

Real Property Ownership:
Address/Tax Lot No. _____

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

Home Phone/Message Number _____ Work Phone Number _____

Employer _____

Address _____ Occupation _____

Sex _____ Race _____ Place of Birth _____ Date of Birth _____

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, Federated States of Micronesia, Midway Islands, or Northern Mariana Islands.

Height _____ Weight _____ Eye Color _____ Hair Color _____

Social Security # _____ Disclosure of your social security number is voluntary.
Solicitation of the number is authorized under ORS 166.240. It will be used only as a means of identification.

Drivers License # _____ State _____ Expiration _____

List residence addresses for the past three years and dates:

1. _____
2. _____
3. _____

References: List two references that are local and non-related

Name, Complete Mailing Address, and Phone Number

Name, Complete Mailing Address, and Phone Number

Initial each box indicating that 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 citizen, I am a legal resident alien who can document continuous residency in Linn County for at least six months and have declared in writing to the United States Citizenship and Immigration Services 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 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 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.

There are no outstanding warrants for my arrest.

I do not have any charges pending in any court resulting from any citation or arrest.

I have not been mentally 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 have never been to court for any charge involving drugs.

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 understand I will be photographed. If this is a new application, I understand I will be fingerprinted.

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.

Signature of Applicant: _____ Date: _____

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

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

Type/No. _____ Type/No. _____

LCSO Fee _____ OSP Fee _____

Initials _____ APPROVED DENIED By _____ Date _____