

LAKE COUNTY SHERIFF'S OFFICE

CONCEALED HANDGUN LICENSE APPLICATION STATEMENT OF PERSONAL HISTORY

PRINT OR TYPE THIS APPLICATION
APPLICATIONS THAT ARE NOT LEGIBLE WILL BE RETURNED WITHOUT ACTION

FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY
IS BASIS FOR REFUSAL OF THE APPLICATION AND DENIAL OF THE LICENSE

REASON FOR APPLICATION: NEW APPLICATION RENEWAL CHANGE OF INFORMATION

FULL LEGAL NAME	First Name	Middle Name	Last Name
Current Mailing Address			
City, State, and Zip Code			
Current Physical Address			
City, State, and Zip Code			
Telephone Number			
Email Address			
Social Security Number			

Disclosure of Social Security Number is voluntary. Solicitation of the number is authorized under ORS 166.291. It will be used only as a means of identification.

Date of Birth	Age	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Place of Birth				
Height	Weight	Hair	Eyes	

IF ADDITIONAL SPACE IS NEEDED, USE THE LINED SPACES INSIDE OF THIS FORM

All other names you have ever used, including maiden or foster names.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
All states you have lived in since age 18.	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
All addresses used in the last 3 years (do not include your current address)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

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Character References

1.	Name	
	Address	
	Telephone	
2.	Name	
	Address	
	Telephone	

STATEMENT OF PERSONAL QUALIFICATIONS

I, _____ hereby declare as follows:
(PRINT YOUR NAME)

INITIAL EACH TRUE STATEMENT BELOW

_____ I am a citizen of the United States or a legal resident alien.

_____ I am not a U.S. citizen but have lived in Lake County for at least 6 months and have written proof that I have declared my intent to become a citizen with the United States Immigration and Naturalization Service.

_____ I am at least 21 years of age.

_____ I have not been discharged from the jurisdiction of the juvenile court for having committed an act that, if committed by an adult, would constitute a felony or a misdemeanor involving violence, as defined in ORS 161.295, of a felony in the State of Oregon or elsewhere.

_____ I have not been convicted of or found guilty of a Misdemeanor, except for insanity under ORS 161.295, within the **four years** prior to the application.

_____ There are no outstanding warrants for my arrest.

_____ I am not awaiting trial in a criminal matter or currently completing a diversion agreement.

_____ I am not required to register as a sex offender.

_____ I have not been committed to the Mental Health and Developmental Disability Services Division under ORS 426.130.

_____ I have not been found mentally ill.

_____ I am not presently subject to an order prohibiting me from purchasing or possessing a firearm because of any mental illness.

_____ I do not use any Schedule I drug, prescribed or not.

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_____ I have never been dishonorably discharged from any branch of the United States Armed Forces.

_____ I have never been convicted of a felony or misdemeanor crime of domestic violence.

_____ I am not currently the respondent or the accused in any restraining or stalking order.

_____ If any of the previous conditions do apply to me, I have been granted relief from the disability under ORS 166.274 (Relief from prohibition against possessing or purchasing firearms) or ORS 166.293 (Denial or revocation of license; review) or 18 USC 295 or have had the records expunged.

_____ I can document continuous residency in Lake County for at least six months.

_____ I have not been convicted of an offense involving controlled substances or completed a court supervised drug diversion program. 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 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.

_____ I understand I will be fingerprinted and photographed.

ORS 162.085 Unsworn falsification

1. A person commits the crime of unsworn falsification if the person knowingly makes any false written statement to a public servant in connection with an application for any benefit;
2. Unsworn falsification is a Class B misdemeanor;

I have read the entire text of this application as well as the crime and penalty statement above. By my signature below I affirm that all statements herein are true and correct to the best of my knowledge.

Applicant's Signature

Date

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REQUEST FOR PROTECTION OF RELEASE OF PERSONAL INFORMATION UNDER OREGON PUBLIC RECORD LAW

Personal Safety
ORS 192.445 (1)

Security Measures
ORS 192.501 (23)

Information of a Personal Nature
ORS 192.501 (1)

I, _____
(PRINT YOUR NAME HERE)

(A) Hereby request that my name, home address, personal telephone number, electronic mail address, date of birth, and/or any other information of a personal nature recorded on my application for a Concealed Handgun License be exempt from disclosure under the Public Records Law for the following reason(s) (initial as appropriate):

1111 My personal safety or that of a family member residing with me may be compromised if my personal information is released pursuant to a Public Records request for one or more of the following reasons:

R 11 _____ I or a family member have been a victim of a crime of domestic violence, burglary, assault or (specify) _____

R 12 _____ I believe that release of my address may subject me and my family to the threat of a burglary for the purpose of stealing a handgun, thereby placing myself or my family in danger.

R 13 _____ I believe that the public release of this information may subject me to increased danger of identity theft.

R 14 _____ I believe that public disclosure of my personal information would constitute an unreasonable invasion of privacy for the following reason(s):

-or-

(B) 0000 I DO NOT OBJECT to the public release of my personal information

I hereby affirm that the foregoing information is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

USE THIS SPACE FOR ANY ADDITIONAL INFORMATION:

LAKE COUNTY SHERIFF'S OFFICE

Administrator

Mental Health Division
2575 Bittern Street, NE
Salem, Oregon 97310

RE: APPLICATION FOR CONCEALED HANDGUN LICENSE

Pursuant to ORS 426.160 (2), the below signed person requests that you release to the Sheriff of Lake County any and all information that you may have concerning any proceedings against the named person under ORS 426.130. This is for the purposes of a background check for a concealed handgun license for the requestor.

The signed person directs you to release to the Sheriff of Lake County any and all mental treatment records within your possession, if any exist. If no information exists, please so notify the Sheriff of Lake County.

The signed person understands and agrees that the consent may be revoked at any time except to the extent that action has been taken in reliance upon this release, or one (1) year from the date below, whichever comes first. Revocation must be in writing. A photocopy or other electronically produced copy of this consent shall have the same effect and authority as the signed original.

Michael Taylor, Sheriff

REQUESTOR'S INFORMATION

HEALTH DEPARTMENT INFORMATION

Printed Name	<input type="checkbox"/> No Mental Health Records Found
Address	<input type="checkbox"/> Documents are enclosed
City, State, Zip Code	<input type="checkbox"/>
Signature	Name of Mental Health employee conducting compliance check
I AM REVOKING THIS CONSENT. I NO LONGER AUTHORIZE THE SHERIFF OF LAKE COUNTY TO SEEK THIS INFORMATION	Date completed
Signature	Signature
Date Signed	PLEASE RETURN TO: LAKE COUNTY SHERIFF'S OFFICE 513 Center Street Lakeview, Oregon 97630
RECEIVED BY SHERIFF/DEPUTY	