Hood River County Application for Concealed Handgun License

I hereby declare as follows:

I am a citizen of the United States (verified with government issued birth certificate or passport) 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 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 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 that, 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. Except as provided in ORS 166.291 (1)(L), I have not been convicted of an offense involving controlled substances or completed a court-supervised drug diversion program. I have never been convicted of a crime of domestic violence. 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 Oregon Health Authority 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. 925(c) or have had the records expunged. I am not subject to a citation issued under ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.735 or 163.738. I have never received a dishonorable discharge from the Armed Forces of the United States. I am not required to register as a sex offender in any state. I understand I will be fingerprinted and photographed.

Legal name: _____

Age: _____ Date of birth: _____ Place of birth: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

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

Current address: _____

Phone #: _____

Character reference: _____
(new applicants only) Name address phone #

Character reference: _____
(new applicants only) Name address phone #

Privacy questions:

□ 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 Concealed Handgun License as a personal safety measure. I do not want any information about my application or CHL status released to the public

I have read this entire application and the statements listed above are correct and true (making false statements on this application is a misdemeanor).

Sign here: _____ Date: _____