



Grant County Sheriffs Office  
Glenn E. Palmer, Sheriff  
205 South Humbolt  
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## Grant County Sheriff's Office Concealed Handgun License Application and Information

Welcome to the Grant County Sheriff's Office. The application and information obtained will be utilized by this office to verify your eligibility in obtaining a Concealed Handgun License under Oregon Revised Statutes 169.291. Please take into consideration that a criminal background check will need to take place, you will be required to submit to being fingerprinted and photographed. Sheriff's Office staff will be required to check references that you list. Be sure that all information you provide is accurate, current and up to date. Please answer all of the questions to the best of your ability as falsifying your application may lead to criminal charges being filed for false swearing and may be grounds for denial of your license. The application process may take up to, but not more than 45 days. Your background check is performed and your fingerprints are checked by the Oregon State Police ID Section.

As you know, there will be a fee to process your application. The fees are **non-refundable**. The fees are due at the time you submit your application.

If you are arrested, your license will become invalid and will need to be returned to this office. If you are convicted of a crime your license will be revoked under state law. If you are acquitted, your license will be returned to you at no cost. If you are issued a Stalking or Restraining Order you will need to surrender your license to this office. I am asking out of state license holders to surrender their license immediately to this agency upon their arrest. If your Concealed Handgun License is ever denied, revoked or cancelled, you have (45) days to appeal my decision. Licenses will only be denied, revoked or cancelled for cause. I ask that if you need to discuss this action, feel free to contact me and talk to me about this. If we cannot come to a resolution, you have the right to appeal my decision. I encourage you in doing so if you feel my decision is inappropriate.

Please become familiar with the rules and regulations concerning your Concealed Handgun License as there are areas you are prohibited from carrying a firearm. Being arrested may cause your firearm to be confiscated. Please remember to use safe gun handling practices and become proficient in its use.

Glenn E. Palmer  
Sheriff

DATE: \_\_\_\_\_

I, \_\_\_\_\_ hereby declare and attest that:  
(Full Legal Name)

I am a citizen of the United States of America **OR** a legal resident alien who can document continuous residency in the country for at least six months and have declared in writing to the Immigration and Naturalization Service 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 which, 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. 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 Department of Human Services and Developmental Disability Services Division 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 ORS 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 that I will be required to give a copy of my fingerprints and be photographed.

Oregon law prohibits the issuance of a concealed handgun license to:

- ✓ Anyone convicted of a misdemeanor within the last four (4) years
- ✓ Anyone ever convicted of a felony and the felony still remains on your Criminal History,
- ✓ or free on a pre-trial release agreement

In Addition: Federal law prohibits anyone from possessing any firearm or ammunition who:

- ✓ Has been convicted of a crime punishable by imprisonment for a term exceeding one year
- ✓ Has been discharged from the armed forces under dishonorable conditions
- ✓ Has been convicted in any court of a misdemeanor crime of domestic violence
- ✓ Is subject to a court order restraining such person from harassing, stalking or threatening an intimate partner or child of an intimate partner after a hearing at which the person had an opportunity to participate which finds that the person represents a credible threat or prohibits the use, attempted use or threatened use of physical force that would reasonably be expected to cause bodily injury.

IF ANY OF THE ABOVE RESTRICTIONS APPLY TO YOU, DOCUMENTATION AND EXPLANATION OF CIRCUMSTANCES MAY BE SUBMITTED TO THIS OFFICE FOR FURTHER CONSIDERATION.

**CAUTION:** A Concealed Handgun License does not authorize you to carry a firearm in the following places:

Any federal facility including certain areas of airports, on airplanes, federal courthouses, post offices, social security offices, Indian reservations, Indian properties without written permission of the tribal judge, and in designated areas of federal lands. Courtrooms, jury rooms, judge's chambers or the same areas adjacent thereto that the presiding judge determines should be free of firearms. Any private business or facility which prohibits possession of firearms. If you are apprehended with a weapon on these

premises, your Concealed Handgun License will be seized and returned to the Sheriff and you may be subjected to criminal and/or civil penalties.

**BEWARE:** You must carry your valid Concealed Handgun License with you whenever you carry a concealed weapon. A person who carries their concealed weapon and does not carry a Concealed Handgun License, it is prima facia evidence that the person does not have such a license. It is your responsibility to be aware of the expiration date of their license and to contact the sheriff's Office for renewal of the license. ORS 166.295 (2) states that if a person changes residence, the person shall report the change of address and the Sheriff shall issue a new license as a duplication for the change of address. The license shall expire upon the same date as would the original.

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ Disclosure of this is voluntary and this number will be used only for means of identification. ORS 166.420.

Proof of Identification is required. You must show two pieces of which one must have your photograph..

1. ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_ State \_\_\_\_\_

2. ID type: \_\_\_\_\_ ID Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Race: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

LIST RESIDENCE OF ADDRESSES FOR THE PAST THREE YEARS ON BACK OF THIS PAGE

#### Character References

1.	_____	_____	_____	_____	_____
	Name	Address	City	State	Phone

2.	_____	_____	_____	_____	_____
	Name	Address	City	State	Phone

**NOTE:** I have read the entire text and contents of this application and the statements therein are correct and true. Making a false statement on this application may constitute a misdemeanor which may subject you to arrest.

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

Do you currently possess a Concealed Handgun License from another Jurisdiction? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, list County and State and telephone number of issuing agency.

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Have you ever served in the Armed Services of the United States? \_\_\_\_ Yes \_\_\_\_ No  
If yes, which Branch? \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
Attach copy of DD-214 for our records if you have a copy.

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Have you ever been denied or had a Concealed Handgun License suspended or revoked? \_\_\_\_ Yes  
\_\_\_\_ No; If yes, list reason and contact information for that agency

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If you are a non-resident of Oregon, have you ever been arrested for a crime anywhere else? \_\_\_\_ Yes  
\_\_\_\_ No. If yes, list State and jurisdiction where you were arrested and what you were arrested for.

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Have you ever been a certified Police Officer, Correctional Officer, Parole or Probation Officer or Reserve Officer in Oregon? \_\_\_\_ Yes \_\_\_\_ No If yes, please attach a copy of your certificate.  
DPSST#: \_\_\_\_\_. Out of State LE? \_\_\_\_ Yes \_\_\_\_ No Which state and agency?  
Please provide contact information for that agency \_\_\_\_\_

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Do you currently have a Restraining order, Stalking Order or any other type of protective order placed against you? \_\_\_\_ Yes \_\_\_\_ No If yes, please attach a copy to this application.

**IF YOU CANNOT PROVIDE THE BELOW DOCUMENTATION YOU WILL NOT RECEIVE A CONCEALED HANDGUN LICENSE FROM THIS AGENCY**

At the time you submit your application for processing, you will need to pay a fee of \$50.00 to the Grant County Sheriff. You will need to have an additional \$15.00 (check or money order only) that will be sent to the Oregon State Police along with your fingerprints. This will need to be made out to that agency. These fees are **non-refundable**. Out of state and Oregon license renewals will be \$50.00. Replacement or change of address is \$15.00.

In addition, you will need to attach to your application or provide documentation to demonstrate competency and proficiency by any of the methods prescribed by Oregon law.

- ☒ Completion of any NRA firearms safety or training course if handgun safety was a component of the course
- ☒ Completion of any firearms safety or training course or class available to the general public offered by law enforcement, community college or private institution or organization or firearms training school or the Oregon Department of Fish and Wildlife utilizing instructors certified by the NRA, a law enforcement agency or the State of Oregon if handgun safety was a component of the course
- ☒ Completion of any law enforcement firearms safety or training course offered for security guards, investigators, reserve law enforcement officers or any other law enforcement officers if handgun safety was a component of the course
- ☒ Presents evidence or equivalent experience with a handgun through participation in organized shooting competition or military service
- ☒ Is licensed or has been licensed to carry a firearm in this state, unless the license has been revoked.

- ☒ Completion of any firearms training or safety course or class conducted by a firearms instructor certified by a law enforcement agency or the NRA if handgun safety was a component of the course

If you are ever arrested, it is expected that you will surrender your Concealed Handgun License to any police officer or agency to be returned to the Grant County Sheriff. If you are convicted of the crime you were arrested for, you will not be eligible for a CHL as directed by Oregon law. If you are not formally charged, your license will be returned to you free of charge. For licenses issued out of state, it is expected that you will notify this agency immediately. Failure to do so may preclude you from ever obtaining a CHL from this agency.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Please indicate if you want your personal information released to the public? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please indicate if your CHL is for personal protection? \_\_\_\_\_ Yes \_\_\_\_\_ No

YOUR PERSONAL INFORMATION WILL BE STRICTLY CONFIDENTIAL UNLESS YOU  
AUTHORIZE RELEASE

## OUT OF STATE APPLICANTS ONLY

**Oregon Revised Statute 166.291 (8) the county sheriff may waive the residency requirement in subsection (1)(c) for a resident of a contiguous state who has a compelling business interest or other legitimate demonstrated need.**

**(9) For purposes of subsection (1) ( c ) of this section, a person is a resident of a county if the person:**

**(a) Has a current Oregon drivers license issued to the person showing a residence address in the county;**

**(b) Is registered to vote in the county and has a memorandum card issued to the person under ORS 247.181 showing a residence address in the county;**

**(c) Has documentation showing that the person currently leases or owns real property in the county; or**

**(d) Has documentation showing that the person filed an Oregon tax return for the most recent tax year showing a residence address in the county. [ 1989 c.839 §8 (166.291 to 166.293 enacted in lieu of 166.290); 1991 c.67 §38; 1993 c.732~ §2; 1993 c.735 §4; 1995 c.729 §6; 1999 c.1052 §6; 2001 c.104 §56; 2003 c.166 §1; 2005 c.22 §115; 2007 c.368 §2] If you are a non-resident applicant, please list your "Legitimate demonstrated need" for our records here. Examples may be for self defense, constitutional right, travel, isolated rural roads, travel late at night, elderly, lack of police coverage etc.....**

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\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

- ☐ **Approved**
- ☐ **Denied List Reason(s)**\_\_\_\_\_
- ☐ **Date and Time Applicant Notified CHL was**  
**Revoked**\_\_\_\_\_ **By Whom:**\_\_\_\_\_
- ☐ **Proficiency/Competency Demonstrated (photocopy certificate or card for our records)**
- ☐ **Fee Paid**
- ☐ **License Number on CHL**\_\_\_\_\_
- ☐ **FBI#:**\_\_\_\_\_ **SID#**\_\_\_\_\_ **State:**\_\_\_\_\_
- ☐ **Issued by:**\_\_\_\_\_ **Date:**\_\_\_\_\_
- Reviewed by Sheriff:**\_\_\_\_\_ **Date**\_\_\_\_\_ **Time**\_\_\_\_\_

**Any other notes or information list here:** \_\_\_\_\_

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