



APPLICATION FOR NEW CONCEALED HANDGUN LICENSE

YAMHILL COUNTY SHERIFF'S OFFICE
JACK CRABTREE, SHERIFF
535 NE Fifth Street, McMinnville, OR 97128
503-434-7506

"Excellence in Service"

(PLEASE PRINT CLEARLY) New Application Renewal Change of Address or Lost License

Name (full legal name) _____

Other names (maiden, other names used) _____

Address #1 (mailing) _____

Address #2 (physical) _____

City _____ State _____ Zipcode _____ County _____

Home Phone _____ Cell Phone _____ Social Security # _____

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

Height _____ Weight _____ Hair Color _____ Eye Color _____

Date of Birth _____ Place of Birth (city, state) _____

Former Residence (state only) _____ Years? _____ Former Residence (state only) _____ Years? _____

Former Residence (state only) _____ Years? _____ Former Residence (state only) _____ Years? _____

Employer _____ Phone # _____

Employer address _____ City _____ State _____ Zip _____

DO NOT fill in the following ID #1 or ID #2. Please let the Sheriff's Office verify. Two Pieces of current identification are required. One must show a photograph of the applicant and the other **cannot** be your Social Security card or a Charge Card. Acceptable Examples: Voter's precinct card, Medical insurance card, Employee identification card, Bi-Mart or Costco cards.

#1 Form of ID _____ #1 Exp. Date _____ #1 ID # _____

#2 Form of ID _____ #2 Exp. Date _____ #2 ID # _____

Please answer the following questions:

1. Have you ever been dishonorably discharged from the United States Armed Forces?
 Yes No If yes, when _____
2. Have you EVER been convicted of a misdemeanor crime of domestic violence?
 Yes No If yes, when? _____
3. Are you subject to any type of restraining or stalking order issued by any court?
 Yes No

If you are subject to a restraining or stalking order, please provide information about the order: _____

4. Do you currently use controlled substances such as marijuana, cocaine, methamphetamine, LSD or ecstasy?
 Yes No

If you answered Yes to question 4, please continue. If you answered No, please skip to question 10.

5. What controlled substances do you use? _____

6. How would you describe your usage?
 Infrequent (less than 4 times during the past 12 months)
 Casual (4 to 12 times during the past 12 months)
 Regular (once a week or more)
 Other _____

7. Approximately how long have you been using controlled substances?
 Less than 3 months
 3 to 6 months
 6 months to a year
 More than 1 year

8. Is your use of controlled substances authorized by a medical doctor?
 Yes No

9. Do you have a prescription authorizing the use of controlled substances?
 Yes No

10. Do you currently possess a firearm?
 Yes No If yes, how many? _____
Please list the manufacturers of each firearm? (i.e. Glock, Ruger, Winchester, Remington)

New Concealed Handgun License (for 4 years)	\$ 65.00 (\$50.00 for License - \$15.00 for Re-Prints)
Renewal for Concealed Handgun License (for 4 years)	\$ 50.00
Lost Concealed Handgun License or Change of Address	\$ 15.00

I have read the entire text of this application including the ORS declaration, and the statements therein are correct and true. (Making false statements on this application is a misdemeanor.)

Date

Signature of Applicant

FEE IS NOT REFUNDABLE