



SHERIFF
WASHINGTON COUNTY

WASHINGTON COUNTY SHERIFF'S OFFICE CONCEALED HANDGUN LICENSE APPLICATION

Sheriff Caprice Massey

215 SW Adams Ave MS32, Hillsboro, OR 97123

Phone: (503) 846-2761

To schedule your appointment: <https://tinyurl.com/nhb4szt2>

NEW(\$115):___ RENEWAL(\$75):___ TRANSFER(\$30):___ TRANSFER + RENEW(\$90):___

ADDRESS/NAME CHANGE(\$15):___ DUPLICATE(\$15):___ REINSTATE(\$75):___

Legal Name: _____
Last Name First Name Middle Name Suffix

Maiden Name/Alias (List all names previously used): _____

Date of Birth _____ State of Birth _____ -or- Foreign Country _____

Social Security Number: _____

Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.291(3)(a). It will be used only for identification.

Race:___ Sex:___ Height:___ Weight:___ Eyes:___ Hair:___

Driver's License #:___ State:___ Expiration:___

| | | | |
|---|-------------------------|-------|----------|
| Residence Address: | Number and Street name: | | |
| How long at current address? (years/months) | City | State | Zip Code |

| | | | |
|---------------------------|------|-------|----------|
| Mailing Address | | | |
| (if different than above) | City | State | Zip Code |

Home Phone Number: _____ Cell Phone Number: _____

Email Address (optional): _____

List all states where you have lived (since age 18): _____

List residence addresses for the past three years and dates you resided at each (if different from current address):

PROOF OF Washington County Residency by []Current Oregon Driver License []Current Oregon Tax Return []Voter Registration Card []Current Rental or Lease Agreement []Real Property Ownership Lot# _____

***** **This section – Official Use only** *****

Date Issued:___ Approved By:___ Amount Paid:___ Appointment Date:___

ID #2:___ Citizen Doc:___ Expiration Date:___

OR SID:___ Instructor:___ NRA #:___

FBI #:___ Validated by/Date:___ CHL ID# _____

Two Character References (required for New applicants only): *Please include Name and Complete Mailing Address*

1. _____
2. _____

Check each box. I hereby declare as follows:

| |
|---|
| I am now at least 21 years of age |
| 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 Washington 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. PROOF of declaration by [<input type="checkbox"/>]N-400 [<input type="checkbox"/>] N-300 _____ Proof of Citizenship to be shown by U.S.Passport U.S. State-Issued Birth Cert. |
| I have fulfilled the handgun safety training requirement as described in ORS 166.291(1)(C-G) |
| 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. |
| I have NOT , within the last four years, been convicted of or found guilty of a misdemeanor. |
| There are NO outstanding warrants for my arrest nor am I on any form of pretrial release or diversion |
| 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 am not presently subject to an order prohibiting me from purchasing a firearm because of mental illness. |
| Except as provided in ORS 166.291(1)(L), I have never been convicted of an offense involving controlled substance or participated in a court-supervised drug diversion program. |
| 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 United States Armed Forces. |
| I am NOT required to register as a sex offender in any state. |
| I understand I will be photographed and fingerprinted. |
| **Out of State Applicants Only – Oregon residents can skip this box** I am an adjacent state resident and I have a compelling reason for wanting a Concealed Handgun License from the Washington County Sheriff. Explain your tie to Washington County and frequency of visits. _____ _____ |

I have read the entire text of this application and I 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: _____
(You may sign your application at the time of your appointment.)

New & Transfer Applicants: Email completed application to chlapps@washingtoncountyor.gov