



LINCOLN COUNTY SHERIFF'S OFFICE

Newport, Oregon

Dennis L. Dotson, Sheriff

INFORMATION TO APPLICANT - READ CAREFULLY !!

THE APPLICATION MUST BE PRINTED LEGIBLY. It will not be accepted if it is not and you will then be rescheduled for a later appointment. Complete all of the application and return the completed packet at your scheduled appointment time. **A notary will be available at your appointment and you should not sign until the notary can witness your signature.**

APPLICATIONS ARE ACCEPTED ON TUESDAY AFTERNOONS BY APPOINTMENT ONLY. Please call **265-4912** for an appointment.

NEW APPLICANTS: At your appointment, you will be required to show a current official ID with photo (such as a DMV issued drivers license/identification card or a passport) and one additional current piece of ID showing a signature. You will submit this application to the Sheriff's Office for processing, you will be photographed and fingerprinted, and a \$65.00 fee will be collected. Have a check or money order in the amount of **\$15.00 made out to OREGON STATE POLICE** and a separate check or money order in the amount of **\$50.00 made out to the LINCOLN COUNTY SHERIFF'S OFFICE.** We also accept exact cash for the required \$50.00 fee.

RENEWAL APPLICANTS: At your appointment, you will be required to show a current official ID with photo (such as a DMV issued drivers license/identification card or a passport) and one additional current piece of ID showing a signature. You will submit this application to the Sheriff's Office for processing, you will be photographed and a \$50.00 fee will be collected. You may pay in exact cash, money order or check in the amount of **\$50.00 made out to the LINCOLN COUNTY SHERIFF'S OFFICE or LCSO.**

All fees are non-refundable and cover the cost of background investigation and processing required by law.

In addition, at the time of application, you must be able to demonstrate competence by any of the methods provided by law as follows:

1. Completion of any NRA firearms safety or training course if handgun safety was a component of the course. In 1990 NRA had included the handgun safety component to meet Oregon standards.
2. 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 utilizing instructors certified by the NRA or a law enforcement agency if handgun safety was a component of the course.
3. 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.
4. Presents evidence of equivalent experience with a handgun through participation in organization shooting competition or military service.
5. Is licensed or has been licensed to carry a firearm in this state, unless the license has been revoked.
6. 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 CANNOT DO SO, YOUR APPLICATION WILL NOT BE ACCEPTED.

CAUTION: POSSESSION OF A CONCEALED HANDGUN LICENSE DOES NOT AUTHORIZE YOU TO CARRY A FIREARM IN ANY FEDERAL BUILDING, ON AIRPORT PROPERTY OR IN ANY COURTHOUSE WHERE THE PRESIDING JUDGE HAS POSTED NOTICE OF SUCH PROHIBITION. IF YOU ARE APPREHENDED WITH A WEAPON ON THESE PREMISES YOUR CONCEALED HANDGUN LICENSE WILL BE SEIZED AND RETURNED TO THE SHERIFF.



LINCOLN COUNTY SHERIFF'S OFFICE

Dennis L. Dotson, Sheriff

Lincoln County Courthouse, 225 W. Olive Street Rm. 203
Newport, OR 97321

APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

| | | | |
|----------------|----------|----------|------------------|
| NEW APPLICANT | TRANSFER | (County) | License #: |
| ADDRESS CHANGE | RENEWAL | OTHER | Expiration Date: |

(PRINT OR TYPE FULL **LEGAL NAME**)

| | | |
|-------|-------------|------|
| First | FULL Middle | Last |
|-------|-------------|------|

Other Names Used (Maiden, etc.) _____

Current Residence Address:

Mailing Address (If Different):

| | |
|-----------------------|-----------|
| Numbers & Street Name | How Long? |
| City | State Zip |

| |
|----------------|
| P.O. Box |
| City State Zip |

My Proof of Residence Is:

| | |
|--|--|
| <input type="checkbox"/> Current Oregon Driver License | <input type="checkbox"/> Voter Registration Card |
| <input type="checkbox"/> Recent Oregon Tax Return | <input type="checkbox"/> Current Rent or Lease Agreement |
| <input type="checkbox"/> Real Property Ownership: Address or Tax Lot #: _____ | |

Home Phone Number: _____ Work Phone Number: _____

Employer: _____

Address: _____ City: _____ Occupation: _____

Sex _____ Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth _____ Date of Birth _____

(If you were born in a foreign country, you must provide proof of citizenship or naturalization. Exceptions are if you were born in a US Territory such as Guam or US Virgin Islands (St. Thomas, St. Croix, St. John) or a Commonwealth such as Puerto Rico or Northern Mariana Islands.)

Social Security Number: _____ - _____ - _____ (Disclosure of your Social Security Number is voluntary. Solicitation of the number is authorized by ORS 166.291(3)(a). It will be used only as a means of identification.)

Drivers License #: _____ State: _____ Expiration Date: _____

“Initial” to the left of each statement below indicating that you have read and agree.

PLEASE READ CAREFULLY - I HEREBY DECLARE AS FOLLOWS:

_____ 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 Lincoln County for at least six months and have declared in writing to the 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 now at least 21 years of age.

_____ I have not been under the jurisdiction of the juvenile department in the last four years for committing an act, that if committed by an adult, would constitute a felony or a misdemeanor involving violence as defined in ORS 166.470. If I have been under the jurisdiction of the juvenile department in the last four years, I have been granted relief from the disability under ORS 166.274, ORS 166.293, 18 USC 925(c), or have had the records expunged.

_____ I have **NEVER** been convicted or found guilty of a felony in the State of Oregon or elsewhere. If I have been convicted of a felony, it has been by reason of insanity under ORS 161.295 or I have been granted relief from the disability under ORS 166.274, ORS 166.293, 18 USC 925(c) or have had the records expunged.

_____ I have **NOT** been convicted of a misdemeanor or found guilty of a misdemeanor in the State of Oregon or elsewhere in the last four years. If I have been convicted of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295 or I have been granted relief from the disability under ORS 166.274, ORS 166.293, 18 USC 925 (c) or have had the records expunged.

_____ There are no outstanding warrants for my arrest.

_____ I do not have any charges pending in any court resulting from a citation or arrest.

_____ I have not been committed to the Mental Health and Developmental Disabilities Services Division under ORS 426.130 nor have I been found mentally ill and presently subject to an order prohibiting me from purchasing a firearm because of mental illness.

_____ I have not been convicted of any offenses involving controlled substances (drugs) or participated in a court-supervised drug diversion program. If I have been convicted of an offense involving drugs, I have been convicted only once for Possession of Less than an Ounce of Marijuana **and** I have never completed a court-supervised diversion program. If I have completed a court-supervised drug diversion program, I have never been convicted of any drug offense.

_____ 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 received a dismissal (commissioned officers) from the U.S. Armed Forces.

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

_____ I understand that I will be fingerprinted and photographed.

List other states you have resided in as an adult (18 years or older):

List residence addresses for the past three years:

This "Character Reference Section" for New Applicants Only

Please list two character references who are not related to you and who do not reside at your residence:

1. Name and complete mailing address:

2. Name and complete mailing address:

ALL APPLICANTS

CAUTION: Possession of a concealed handgun license does not authorize you to carry a firearm in any federal building, on airport property or in any courthouse where the presiding judge has posted notice of such prohibition. The Lincoln County Courthouse is posted with this prohibition. If you are apprehended with a weapon on these premises your concealed handgun license may be seized and returned to the Sheriff, and you may be arrested and charged with a crime.

NOTE: If your address changes at any time while you have a Concealed Handgun License, notify the Concealed Handgun License Unit at 541-265-4912 with 30 days of the change of address to get information on obtaining a new license. There is a \$15 dollar fee to issue the new license with the updated address. ORS 166.291(5)(C).

I have read the entire text of this 3 page application and understand it completely. All information I have submitted on this application is correct and true. I understand that placing false information or making false statements on this application is a crime, that I am subject to prosecution and my application will automatically be denied or revoked.

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 CHL AS A PERSONAL SAFETY MEASURE, AND DO NOT WANT ANY INFORMATION ABOUT MY APPLICATION OR CHL STATUS RELEASED TO THE PUBLIC.

Join our email list to receive news bites and other information from your Sheriff's Office. Your email address will not be sold or traded to other organizations. **Your email address:** _____

Signature _____

Date _____

Print Name: _____

*******To be filled in by Sheriff's Office Personnel*******

Proof of Identification - Two pieces of current ID are required, one of which must bear the photograph of the applicant.

Type/No. _____ Type/No. _____

Initials _____ APPROVED DENIED By _____ Date _____

