



# SHERIFF

## CROOK COUNTY

Sheriff John Gautney

"PEOPLE SERVING PEOPLE"

### CONCEALED HANDGUN LICENSE INFORMATION

PLEASE READ CAREFULLY

Your appointment is on: \_\_\_\_\_  
(Please call if you are unable to keep your appointment to reschedule.)

Concealed Handgun Applications will be processed **by appointment only**. Appointments are approximately 15 minutes and can be scheduled by calling (541)447-6398 and selecting option 5, Monday through Friday, 8:00 am to 5:00 pm. Your license will be effective for four (4) years. The **fees are non –refundable** and cover the cost of the background investigation and processing as required by law.

At your scheduled appointment time, please bring the following items:

#### New Applicants:

1. The completed application, all blanks filled in, signed and dated.
2. Two pieces of identification; must include a birth certificate or passport/at least one must be a photo ID.
3. \$65.00 NON-REFUNDABLE application fee. We accept cash, checks made payable to "CCSO" (Crook County Sheriff's Office) and credit/debit cards with a processing fee of \$2.50.
4. A #10 legal size self-addressed, stamped envelope.
5. Certificate showing handgun competence training as follows:
  - a. Completion of any firearms safety training course or class available to the general public offered by law enforcement, community college, private institution, organization or firearms training school utilizing instructors certified by the NRA or law enforcement agency, if handgun safety is a component of the course.
  - b. Completion of any law enforcement firearms safety or training course offered for security guards, investigators, and reserve law enforcement officers if handgun safety is a component of the course.
  - c. Present evidence of the equivalent experiences with a handgun through participation in organized shooting or military service. If military, you must bring your original DD214 and we will make copies.
  - d. Current license or prior license to carry a firearm in Oregon, unless the license has been revoked.

#### Renewals:

1. The completed application, all the blanks filled in, signed and dated. (References not required.)
2. Driver's License with the correct address per DMV records.
3. Old CHL License.
4. \$50.00 NON-REFUNDABLE renewal fee/\$65.00 if new to Crook County. We accept cash, checks made payable to "CCSO" (Crook County Sheriff's Office) and credit/debit cards with a processing fee of \$2.00, over \$50.00 the fee is \$2.50.

#### Address or Name Change/Replacement Card:

1. The completed application, all blanks filled in, signed and dated. (References not required.)
2. Driver's License with correct address per DMV records.
3. Old CHL License, unless lost and needing replacement.
4. Legal proof of address or name change.
5. \$15.00 in county/\$30.00 out of county NON-REFUNDABLE fee. We accept cash, checks made payable to "CCSO" (Crook County Sheriff's Office) and credit/debit cards with a processing fee of \$2.00.

**\*If you cannot provide all of the above, your application will not be accepted.\***

You will need to re-schedule for another appointment after all of the above requirements have been met.

308 NE 2nd St, Prineville, OR 97754

Phone: (541) 447-6398 | Fax: (541) 416-0353 | Website: <http://sheriff.co.crook.or.us/>

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# SHERIFF

C R O O K C O U N T Y

Sheriff John Gautney

"PEOPLE SERVING PEOPLE"

## APPLICATION FOR LICENSE TO CARRY A CONCEALED HANGUN

PRINT FULL LEGAL NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

PREVIOUS NAMES/AKA'S: *(Maiden Name, Nicknames, Legal Name Change, Etc.)*

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(Disclosure of social security number is voluntary and used only as a means of identification, authorized under ORS 166.291)*

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

CURRENT PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS *(if different)*: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBERS: HOME \_\_\_\_\_ CELL \_\_\_\_\_ MESSAGE \_\_\_\_\_

PREVIOUS ADDRESS(ES) FOR PAST THREE (3) YEARS:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LIST ALL OTHER STATES LIVED IN AS AN ADULT/AGE 18+:

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHARACTER REFERENCES *(New Applicants Only)*:

\_\_\_\_\_  
Name/Address/Phone Number

\_\_\_\_\_  
Name/Address/Phone Number

308 NE 2nd St, Prineville, OR 97754

Phone: (541) 447-6398 | Fax: (541) 416-0353 | Website: <http://sheriff.co.crook.or.us/>

## PLEASE READ CAREFULLY BEFORE SIGNING

I hereby declare as follows:

- ✓ I am a citizen of the United States or a legal resident alien who can document continuous residency in the county for at least six (6) 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 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 (4) years, been convicted of a misdemeanor or found guilty except for insanity under ORS 161.295 of a misdemeanor.
- ✓ I have not been convicted of an offense involving controlled substances or completed a court-supervised drug diversion program.
- ✓ 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.
- ✓ There are not 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 155.203 or section 5, chapter 826, Oregon Laws 2009, 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 a registered sex offender in any state.
- ✓ I understand I will be fingerprinted and photographed.

### IMPORTANT NOTICE

**\*READ AND INITIAL\***

\_\_\_\_\_ Initial      Possession of a concealed handgun license does not authorize you to carry a firearm in any federal building, courthouse or other building where notice is posted prohibiting firearms.

\_\_\_\_\_ Initial      If you are apprehended with a firearm on any of these premises, your concealed handgun license will be seized, returned to the Sheriff, and possible criminal charges may ensue.

I have read the entire text of this application and the statements herein are true and correct. I acknowledge information contained in this application may be used to complete a full background check.

*\*Making false statements on this application is a misdemeanor crime.\**

**Application fees are NON-REFUNDABLE.**

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Signature of Applicant

Date