



UNION COUNTY SHERIFFS OFFICE

Boyd Rasmussen, Sheriff
1109 K Avenue
La Grande, Oregon 97850
(541) 963-1017

APPLICATION FOR CONCEALED HANDGUN CHANGE OF ADDRESS

<input type="checkbox"/> Address Change	DL # _____	Other ID _____
	Date _____	
<input type="checkbox"/> Application signed/received <input type="checkbox"/> Applicant photographed <input type="checkbox"/> \$15 Replace/address change <input type="checkbox"/> Label Signed		<input type="checkbox"/> Senior Office Specialist check <input type="checkbox"/> Print permit in Eagle System <input type="checkbox"/> Final approval – Sheriff <input type="checkbox"/> Permit mailed <input type="checkbox"/> Application to LEDS tech for entry

(PRINT FULL LEGAL NAME)

Last

First

Middle

Other Names Used (maiden, etc.)

Current Residential Address:

Mailing Address (if different):

Number and Street

Years

P.O. Box

City

State

Zip

City

State

Zip

Home phone number or message phone: _____ **Work Phone:** _____

Oregon Drivers License No.: _____ Expiration Date: _____ Date of Birth: _____

Age: _____ Sex: _____ Height: ___' ___" Weight: _____ Eye Color: _____ Natural Hair Color: _____

CAUTION: Possession of a concealed handgun license does not authorize you to carry a firearm in any federal building, in any courthouse where the presiding judge has posted notice of such prohibition. The Union County Courthouse and courtrooms located at 1007 Fourth Street are 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.

I have read and understand this application. All information submitted is correct. I further understand that making false statements on this application is a misdemeanor and I am subject to prosecution and automatic denial or revocation. **All payments are non-refundable.**

Signature of Applicant: _____ Date Signed: _____

