



**UNION COUNTY SHERIFFS OFFICE**

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

**APPLICATION FOR RENEWAL OF LICENSE TO CARRY  
CONCEALED HANDGUN**

<input type="checkbox"/> Renewal	DL # _____	Other ID _____
	Date _____	
<input type="checkbox"/> Application signed/received	<input type="checkbox"/> Check for mental health division	<input type="checkbox"/> Senior Office Specialist check
<input type="checkbox"/> Applicant photographed	<input type="checkbox"/> Check for valid ODL/DL	<input type="checkbox"/> Print permit in Eagle System
<input type="checkbox"/> \$50 Reapply	<input type="checkbox"/> Check locals: LMS and RMS	<input type="checkbox"/> Final approval – Sheriff
<input type="checkbox"/> Label Signed	<input type="checkbox"/> Check courts	<input type="checkbox"/> Permit mailed
	<input type="checkbox"/> Check Dept. of Corrections	<input type="checkbox"/> Denial letter mailed: Date _____ Reason: _____
	(For Official Use Only)	<input type="checkbox"/> Application to LEDS tech for entry)

(PRINT FULL LEGAL NAME)

_____	_____	_____
Last	First	Middle
<b>Other Names Used (maiden, etc.)</b>		
_____		

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:** \_\_\_\_\_

**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**(If self employed, state type of business):** \_\_\_\_\_

Oregon Drivers License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_' \_\_\_" Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Natural Hair Color: \_\_\_\_\_  
Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.420. It will be used only as a means of Identification.)

**Place of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**If you were born in a foreign county, you must provide proof of citizenship or documentation proving you have applied for citizenship. 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.**

**Check yes or no for the following questions**

- Yes  No Have you ever been enlisted in any branch of the United States Armed Forces? If yes, which branch? \_\_\_\_\_, dates of duty \_\_\_\_\_ to \_\_\_\_\_
- Yes  No Have you ever been dishonorably discharge from the United States Armed Forces? If yes, when \_\_\_\_\_  
\_\_\_\_\_ Branch of Military \_\_\_\_\_
- Yes  No Are you required to register as a sex offender in any state? If yes, what state \_\_\_\_\_
- Yes  No Have you ever been convicted/plead guilty to any offense dealing with a controlled substance? If yes, what state and county \_\_\_\_\_
- Yes  No Have you ever been convicted/plead guilty to two or more possession of less than an ounce of marijuana charges? If yes, what state and county \_\_\_\_\_
- Yes  No Have you ever renounced your United States citizenship? If yes, when \_\_\_\_\_
- Yes  No Are you a fugitive from justice in any state or country? If yes, what state and county or what country \_\_\_\_\_
- Yes  No Have you ever been adjudicated mentally defective? If yes, what state and court \_\_\_\_\_
- Yes  No Do you currently use controlled substances such as but not limited to marijuana, cocaine, methamphetamine, LSD, or ecstasy? **If yes, please answer the following questions.**

a. What controlled substances do you use? \_\_\_\_\_

b. 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)
- Frequent** (at least 12, but less than 24 times during the past 12 months)
- Regular** (once a week or more)
- Medicinal**
- Other** \_\_\_\_\_

c. Approximately how long have you been using controlled substances?

- Less than 3 Months**
- 3 to 6 Months**
- 6 Months to 1 Year**
- More than 1 Year**

d. Is your use of controlled substances authorized by a medical doctor (by prescription)?

- Yes  No

**Initial each box indicating that you have read and agree with each statement. 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 that I have declared in writing to the Immigration and Naturalization Service my intention to become a citizen and can present proof of the written declaration to the Sheriff at the time of this application. Form that is needed is Immigration and Naturalization **Form N-300**.
- [ ] I am at least 21 years of age
- [ ] I have never 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.
- [ ] I have **NEVER** been convicted of a felony 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.
- [ ] I have **NOT**, within the last four years, been convicted of a misdemeanor or plead guilty to a misdemeanor in the State of Oregon or elsewhere. If I have been convicted of a misdemeanor in the last four years, it has been by reason of insanity under ORS 161.295.
- [ ] I have no outstanding warrants for my arrest anywhere in the United States.
- [ ] I do not have any charges pending in any court resulting from an arrest or citation.
- [ ] I have not been committed to the Mental Health and Development 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 am not subject to a citation or court order restraining me from contacting or stalking another.
- [ ] I understand that I will be photographed for my CHL.
- [ ] I understand that I will be asked to submit fingerprints if I am a new applicant OR if it is required for a background investigation.
- [ ] I do understand that the sheriff can deny a concealed handgun license if the sheriff has reasonable grounds to believe that the applicant has been or is reasonably likely to be a danger to self or others, or to the community at large, as a result of the applicant's mental or psychological state or as demonstrated by the applicant's past pattern of behavior involving unlawful violence or threats of unlawful violence.
- [ ] **I have read the entire text of and understand this application and the statements therein are correct and true. I further understand that making false statements on this application is a misdemeanor and I am subject to prosecution and automatic denial or revocation.**

The Union County Sheriff's Office will be notifying concealed handgun license (CHL) holders by email of any information regarding concealed carry or changes in laws regarding your CHL and using email as a way to remind CHL holders that it is time to re-new. If you would like to get these updates and reminders by email, please include your email address below. Your email address will stay confidential and will not be given or sold to anyone or organization.

Email address: \_\_\_\_\_ @ \_\_\_\_\_  
(please write legibly)

**ATTENTION:** Oregon law prohibits the issuance of a concealed handgun license to anyone with a felony conviction, a misdemeanor conviction within the last four years, anyone on pretrial release, or anyone subject to a Family Abuse Prevention Act Restraining Order or Stalking order. Oregon and Federal laws also prohibit a person from owning or possessing a gun if they have had a felony conviction that was reduced to a misdemeanor after completion of probation, any convictions of misdemeanor crimes of domestic violence, or is subject to a court protective order that was issued after a hearing in which the person had an opportunity to participate and restrains the person from harassing, stalking, or threatening an intimate partner or the child of such intimate partner. In addition, 18 USC 922 prohibits anyone who has renounced their United States citizenship, anyone who has been dishonorably discharged from the United States Armed Services, anyone who is an illegal alien and anyone who is an unlawful user of controlled substances from purchasing or possessing firearms. If you are a registered sex offender with either felony or misdemeanor charges on your conviction, you are not able to have a concealed handgun license issued to you.

Oregon law allows for the denial of a concealed handgun license if you have a history, which shows an inclination toward confrontation with others, including neighbors, family members, etc. You may also be denied a concealed handgun license if you have a history of conflict with law enforcement officers, offenses with firearms, documented problems involving alcohol and/or drug abuse. If any of these conditions apply to you and you nonetheless feel you are eligible for a license, return to this office appropriate documentation, dates and explanation of circumstances including copies of any applicable pardons, certificates of discharge, or court orders surrounding your circumstances for further consideration.

**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: \_\_\_\_\_