



Benton County Sheriff's Office

180 NW 5th St.
Corvallis, OR 97330

(541) 766-6858
FAX (541) 766-6011

APPLICATION FOR LICENSE TO CARRY CONCEALED HANDGUN

Table with 2 columns: License Type and Fee. Rows include Original License (\$65.00), License Renewal (\$50.00), License Transfer (\$15.00), and Change of Address, Lost or Stolen (\$15.00).

Full Legal Name Last First Middle

Other Names Used Last First Middle

PLEASE READ CAREFULLY

I hereby declare as follows: (Check each box that applies)

- Checkboxes for: I am a citizen of the United States... I am now at least 21 years of age... I have NEVER been convicted of a felony... I have NOT within the last four years... I have not been under the jurisdiction of the Juvenile Department... There are no outstanding warrants... I do not have any charges pending... I am not subject to a citation... I am not an unlawful user... I have not received a dishonorable discharge... I am not required to register as a sex offender... I have not been committed to the Mental Health and Developmental Disabilities Services Division...

If any item above has NOT been checked, in order to qualify for a handgun license you must be granted relief, or wish to petition for relief, from a disability under ORS 166.274 or ORS 166.293 or 18 USC 925(c), or those records have been expunged.

Age Birthdate Birthplace State

Social security number 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.

Height ft. in. Weight Hair Color Eye Color Sex

Current Address: Street

City State Zip Phone

Mailing address (if different)

List residence addresses for the past three years if different from present address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List all states in which you have resided as an adult (18 years and older)

Place of current employment:

Company name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

***I have read the entire text of this application, and the statements therein are true and correct. Making false statements on this application is a misdemeanor.***

If you are seeking a CHL for personal safety purposes, please mark this box. *If this box is marked, Benton County will consider the personal information on this application exempt from public disclosure under ORS 192.445(1), however, this information may be disclosed if required by a court order or subpoena.*

I understand that I will be photographed and/or fingerprinted.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**SPACE BELOW FOR OFFICIAL USE ONLY**

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

Type		Number	
Type		Number	

Competency with Handgun Documentation	Approved Course	<input type="checkbox"/>
	Military Service	<input type="checkbox"/>
	CHL	<input type="checkbox"/>

LICENSE APPROVED

LICENSE DENIED

BY: \_\_\_\_\_

Date Issued		Fee Paid		License #	
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Expiration Date	
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