



# SHERIFF

## C R O O K C O U N T Y

"PEOPLE SERVING PEOPLE"

Sheriff John Gautney

### CONCEALED HANDGUN LICENSE INFORMATION PLEASE READ CAREFULLY

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

Appointments for concealed handgun applications will be processed on **Wednesdays only**. Appointments are in 15 minute increments and can be scheduled by calling (541) 447-6398, Monday through Friday 8:00 am to 5:00 pm.

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, checks can be made payable to "CCSO" (Crook County Sheriff's Office).
4. A #10 legal size self-addressed, stamped envelope.
5. Certificate showing handgun competence or 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 was 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  - d) Current license or prior license to carry a firearm in Oregon, unless the license has been revoked.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 correct address per DMV records.
3. Old CHL license.
4. \$50.00 Non-refundable renewal fee/\$65.00 if new to Crook County, made payable to "CCSO".

#### 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. Address change \$15.00 in county/\$30.00 out of county non-refundable fee, name change/replacement card \$15.00, made payable to "CCSO" (Crook County Sheriff's Office).

**\*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 the above requirements have been met.

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.

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

## CROOK COUNTY

"PEOPLE SERVING PEOPLE"

*Sheriff John Gautney*

### APPLICATION FOR LICENSE TO CARRY A CONCEALED HANDGUN

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

PREVIOUS NAMES/AKA's: (MAIDEN, NICKNAMES, LEGAL NAME CHANGE, ETC.)  
LAST FIRST MIDDLE

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: \_\_\_\_\_

MAILING ADDRESS (If different): \_\_\_\_\_

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

CONTACT 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



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**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 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 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 no 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.

**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.**

**Application fees submitted are non-refundable.**

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

Signature of Applicant

Date

**\*READ AND INITIAL \* IMPORTANT NOTICE\***

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

\_\_\_\_\_ 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.

If you have any additional questions about this application, please call the Crook County Sheriff’s Office at (541) 447-6398, Monday through Friday 8:00 am to 5:00 pm.

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## IMPORTANT INFORMATION ABOUT YOUR CONCEALED HANDGUN LICENSE

In light of the recent Oregon Appeals court decision, this is an attempt by your Sheriff to bring your information on file up to date about your reasons for your CHL. In that decision, Mail Tribune, Inc. vs. Winters, the Court ruled that concealed handgun licenses (CHL's) are public record and must be disclosed unless there is an individual basis for nondisclosure.

One individual basis for nondisclosure is defined in ORS 192.501(23). "Records or information that would reveal or otherwise identify security measures, or weaknesses in security measures, taken or recommended to be taken to protect:

- (a) An individual;
- (b) Buildings or other property;
- (c) Information processing, communications or telecommunication systems, including the information contained in the systems; or"

At this point, while I have a belief that you obtained your CHL as an individual security measure, and that you would not want everyone in the state to have your name, address and other personal information, I do not know that for certain. (Except for those of you who have previously signed a letter, in that case this is an update of your information.)

**Please answer the two questions on the lower portion of this letter and return to the Sheriff's Office with your CHL application.** If you want your name and other personal information to remain confidential and you are obtaining your CHL for individual security measures, simply answer YES to both questions by checking the underlined space in front.

Sincerely,

John Gautney  
Crook County Sheriff

YES I am requesting that my CHL application and information be maintained as confidential and not be released to the public.

YES I am applying for, or I have received, a CHL as an individual security measure and do not want any information about my application or CHL status released to the public.

Signature: \_\_\_\_\_

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