



Grant County Sheriffs Office

Glenn E. Palmer, Sheriff
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Grant County Sheriff's Office Concealed Handgun License Renewal Application and Information

The application and information obtained will be utilized by this office to verify your eligibility in renewing your Concealed Handgun License. A criminal background check will need to take place and an updated photograph of you will be taken at the time of renewal. Be sure that all information you provide is accurate, current and up to date. Please answer all of the questions to the best of your ability as falsifying your application may lead to criminal charges being filed for false swearing and may be grounds for denial of your permit renewal. There will be a non-refundable fee of **\$50.00** to process your renewal application payable to **Grant County Sheriff's Office**. The fee is due at the time you submit your application in person.

If you are arrested, your license will become invalid and will need to be returned to this office. If you are convicted of a crime your license will be revoked under state law. If you are acquitted, your license will be returned to you at no cost. If you are issued a Stalking or Restraining Order you will need to surrender your license to this office. I am asking out of state CHL holders to surrender their license immediately to this agency upon their arrest. If your CHL is ever denied, revoked or cancelled, you have only thirty (30) days to appeal my decision. Licenses will only be denied, revoked or cancelled for cause. I ask that if you need to discuss this action, feel free to contact me and talk to me about this. If we cannot come to a resolution, you have the right to appeal my decision. I encourage you in doing so if you feel my decision is inappropriate.

Please become familiar with the rules and regulations concerning your CHL as there are areas you are prohibited from carrying a firearm. Being arrested may cause your firearm to be confiscated. Please remember to use responsible, safe gun handling practices and become proficient in their use. Keep this first page for your records.

CAUTION: A Concealed Handgun License does not authorize you to carry a firearm in the following places: Any federal facility, including certain areas of airports, on airplanes, federal courthouses, post offices, social security offices, Indian reservations, Indian properties without written permission of the tribal judge, and in designated areas of federal lands. Courtrooms, jury rooms, judge's chambers or the same areas adjacent thereto that the presiding judge determines should be free of firearms. Any private business or facility which prohibits possession of firearms. If you are apprehended with a weapon on these premises, your Concealed Handgun License will be seized and returned to the Sheriff and you may be subjected to criminal and/or civil penalties.

BEWARE: You must carry your valid Concealed Handgun License with you whenever you carry a concealed handgun. A person who carries their concealed firearm and does not carry a Concealed Handgun License, it is prima facia evidence that the person does not have such a permit. It is your responsibility to be aware of the expiration date of their permit and to contact the Sheriff's Office for renewal of the permit. ORS 166.295 (2) states that if a person changes residence, the person shall report the change of address and the Sheriff shall issue a new permit as a duplication for the change of address. The permit shall expire upon the same date as would the original.

Glenn E. Palmer
Sheriff

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

If you were born outside the U.S. or one of its territories for any reason, submit a copy of one of the following: Record of Birth abroad to an American Citizen, Certificate of Naturalization, Record of Birth to Armed Service personnel, or a current U.S. passport.

SOCIAL SECURITY NUMBER: _____ Disclosure of this is voluntary and this number will be used only for means of identification. ORS 166.420.

Proof of Identification is required. Your state driver's license or state ID card and your Oregon CHL. Please print clearly.

Print Full Legal Name: First _____ Middle _____ Last _____

1. ID Type: _____ ID Number: _____ State _____

2. ID type: **OR CHL** ID Number: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Race: _____ Sex: _____

Current Residential Address: _____

City: _____ County: _____ State _____

Zip Code: _____ Telephone: () _____

Email: _____

Mailing Address if Different: _____

Do you currently possess a Concealed Handgun License from another Jurisdiction? _____ Yes ___ No
If Yes, list all permits; and include the County, State and telephone number of issuing agency.

Have you ever served in the Armed Services of the United States? _____ Yes ___ No
If yes, Which Branch? _____ Type of Discharge: _____

Attach copy of DD-214 for our records. If dishonorable discharge you will not receive a CHL.

Have you ever been denied or had a Concealed Handgun License suspended or revoked? _____ Yes ___ No
If yes, list reason and contact information for that agency. (More space on page 4.)

Have you ever been arrested anywhere for any reason? _____ Yes ___ No

If yes, list State and jurisdiction where you were arrested and what you were arrested for

Applicants failing or refusing to list an arrest or criminal history will automatically be denied.

Be sure to include state and approximate year. (More space on page 4)

Are you ever now or have you ever been a certified Police Officer, Correctional Officer, Parole or Probation Officer or Reserve Officer in Oregon or any other state? _____ Yes ___ No

If yes, please attach a copy of your certificate. DPSST#: _____

Were you ever out-of-state Law Enforcement? _____ Yes ___ No

If yes, which state and agency? Please provide contact information for that agency. _____

Do you currently have a Restraining Order, Stalking Order or any other type of protective order placed against you? If yes, please attach a copy to this application. _____ Yes ___ No

DO NOT MAIL YOUR APPLICATION!

All applicants, resident and non-resident, must apply IN PERSON at the Grant County Sheriff's Office, or with an authorized representative of our office.

Be advised; if you disregard this notice, your \$50 check or money order that you sent in will be cashed and is non-refundable. Your application will **not** be sent back to you, but instead, will be kept on file here at our office until you make an appointment to **apply in person**. Out-of-state applications will be processed in person, Monday-Friday, 8AM – 3PM, by appointment only.

If you are ever arrested, it is expected that you will surrender your Concealed Handgun License to any police officer or agency to be returned to the Grant County Sheriff. If you are convicted of the crime you were arrested for, you will not be eligible for a CHL as directed by Oregon law. If you are not formally charged, your license will be returned to you free of charge. For licenses issued out of state, it is expected that you will notify this agency immediately. Failure to do so may preclude you from ever obtaining a CHL from this agency.

I, _____ have never been convicted of a felony
(FULL LEGAL NAME)

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. 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 Mental Health and Developmental Disability Services Division 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 ORS 166.293 or 18 U.S.C. 925© or have had the records expunged. I meet the requirements of ORS 166.291 subsection (10) (a) to (j).

I have read the entire text and contents of this application. I fully understand and agree to its terms, and attest that the statements therein are correct and true.
Making a false statement on this application may constitute a misdemeanor which may subject you to arrest.

Signature of Applicant Date

Signature of Deputy Witness Date

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- **Copy of any and all non-resident Concealed Handgun Licenses**
- **Copy of your State Driver's License or ID Card**
- **Copy of your Oregon Concealed Handgun License**
- **A Self-addressed stamped envelope**

When you receive your CHL, please sign the back with permanent marker to validate your CHL.

SPACE FOR FURTHER EXPLANATION-ATTACH SEPARATE SHEET IF NECESSARY.

*****FOR OFFICE USE ONLY*****

- Approved
- Denied List Reason(s)_____
- Date and Time Applicant Notified CWP was Revoked_____By Whom:_____
- Proficiency/Competency Demonstrated (photocopy certificate or card for our records)
- Fee Paid
- License Number on CHL_____
- FBI#:_____SID#_____State:_____
- Issued by:_____Date:_____Reviewed by Sheriff:_____Date_____Time

Any other notes or information list here: _____
