



# COLUMBIA COUNTY SHERIFF'S OFFICE

*Jeffrey M. Dickerson, Sheriff*

**Address:** 901 Port Ave. St. Helens, OR 97051

**Phone:** (503) 366-4611 **Fax:** (503) 366-4644

**Web Address:** [www.co.columbia.or.us/sheriff](http://www.co.columbia.or.us/sheriff)

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**Applicants Name:** \_\_\_\_\_ has applied to this office for a concealed handgun license. We request your assistance by providing us with the answers to the questions below. Thank you for your assistance.

If you do not wish to make a recommendation please check the box below, sign and date the letter and return it to the Sheriff's Office.

**I DO NOT WISH TO MAKE A RECOMMENDATION.**

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

Are you aware of any history on the part of the applicant which shows an inclination toward confrontation with others?  Yes  No

If your answer is yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, has the applicant ever been institutionalized or received treatment for mental illness or alcoholism?  Yes  No

Are you aware of any reason why the applicant should not be issued a license to carry a concealed handgun?  Yes  No

If your answer is yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the space below for any additional comments you feel are pertinent to this application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number