

PLEASE ANSWER THE FOLLOWING:

1. Have you ever been dishonorably discharged from the United States Armed Forces? _____
2. Do you currently use controlled substances such as marijuana, cocaine, etc? _____
If so, what controlled substance(s) do you use? _____
Is your controlled substance(s) authorized by a medical doctor? _____
How would you describe your usage (daily, weekly, casual)? _____
Approximately how long have you been using controlled substances? _____

Initial each box indicating that you have read each statement.

PLEASE READ CAREFULLY.

_____ **I understand that these statements are based on ORS 166.291 and failure to initial a statement may cause your application to be denied**

_____ I am a citizen of the U.S. **OR** a legal resident alien who can document continuous residency in Columbia County for at least 6 months, and have declared in writing to the I.N.S. my intention to become a citizen and can present proof of written declaration to the Sheriff.

_____ I am at least 21 years of age.

_____ I have not been under the jurisdiction of the juvenile department in the last 4 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, except for insanity under ORS 161.295.

_____ I have **NOT**, within the last 4 years, been convicted of a misdemeanor or found guilty of a misdemeanor, except for insanity under ORS 161.295.

_____ I have **NEVER** been convicted of an offense involving a controlled substance or participated in a court-supervised drug diversion program.

_____ There are no outstanding warrants for my arrest and I am not on any form or pre-trial release or diversion. Specifically, 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 Developmental Disabilities Services Division under ORS 426.130 nor subject to an order prohibiting me from possessing a firearm because of mental illness.

_____ I am not subject to a citation or court order restraining me from contacting or stalking another.

_____ All of the above apply to me. IF any of the above do not apply to, I have been granted relief from the disability under ORS 166.274 or ORS 166.293 or 18USC925(c) or have had the record expunged.

_____ I understand that I will be fingerprinted and photographed.

_____ I have read the information above and understand this application and all information submitted is true and 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.

_____ **I am obtaining this permit as a personal security measure and want all of my information to remain confidential.**

Signature of Applicant _____ Date Signed: _____