



State of Oregon Permit to Purchase Application (2022 Ballot Measure 114)

This gray area to be filled in by Permit Agent Personnel only. Do not complete this shaded area		
Proof of Identification: (one of them must include name, signature & photograph)		
Type/ No.:	Type/ No.:	
<input type="checkbox"/> Firearms Safety Course proof provided	<input type="checkbox"/> In-Person Demonstration proof provided	Fee Amt:
<input type="checkbox"/> Denied ____ (Int.)	Reason for denial:	

This gray area to be filled in by Oregon State Police Personnel only. Do not complete this shaded area			
<input type="checkbox"/> Qualified ____ (Int.)	Determination Date:	SID #:	Applicant/Permit #: - -
<input type="checkbox"/> Disqualified ____ (Int.)	Reason for disqualification:		

This gray area to be filled in by Permit Agent Personnel only. Do not complete this shaded area		
<input type="checkbox"/> Denied ____ (Int.)	Reason for denial:	
<input type="checkbox"/> Approved ____ (Int.)	Date Permit Issued:	Expiration Date:

Applicant Information

New Applicant Renewal Replacement

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name (Full)</i>	<i>Suffix (Jr. Sr. II)</i>

Name must be as it appears on Government Issued Identification

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name (Full)</i>	<i>Suffix (Jr. Sr. II)</i>

Legal Name (if different)

All Other Names Used: (Maiden, Married, Aliases)	
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Current Residence:			
	<i>Street Address</i>	<i>Apartment/Unit #</i>	<i>Phone #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>

Mailing Address: (If different)	
	<i>Mailing Address</i>
	<i>City</i>
	<i>State</i>
	<i>ZIP Code</i>

My Proof of Residence is: (Government Issued Proof)	<input type="checkbox"/> <i>Driver's License</i> <input type="checkbox"/> <i>Voter Registration Card</i> <input type="checkbox"/> <i>Oregon Tax Return</i> <input type="checkbox"/> <i>Real Property Ownership</i> <input type="checkbox"/> <i>Other:</i>
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Please list any other residences that you have lived at in the past three years:

- 1) _____
- 2) _____
- 3) _____

****You must provide identification that includes your photograph (Driver's License, Passport, Government issued ID card or certified birth certificate).**

Government Issued ID Type

<input type="checkbox"/> Passport				<input type="checkbox"/> Identification Card				<input type="checkbox"/> Driver's License				<input type="checkbox"/> Other: _____			
Government Issued ID #						State: <small>(If applicable)</small>				Expiration:					
Date of Birth:						Social Security Number (voluntary):									
Weight:				Height:				Eye Color:				Hair Color:			
Race:		<input type="checkbox"/> Asian/Pacific Islander				<input type="checkbox"/> American Indian/Alaskan Native				<input type="checkbox"/> Black/African American					
		<input type="checkbox"/> White													
Sex:		<input type="checkbox"/> Male				<input type="checkbox"/> Female				<input type="checkbox"/> Non-binary/Not Specified					
Place of Birth:						Other States you lived in:									

Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.291. It will be used only as a means of identification.

Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.)	
<input type="checkbox"/> United States of America (U.S.A.) <input type="checkbox"/> Other Country/Countries:	
If you are an alien, record your U.S.- issued alien or admission number (AR#, USCIS#, or I94#):	
Are you an alien who has been admitted to the United States under a nonimmigrant visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are such an alien, do you fall within any of the exceptions stated in the instructions? <small>(U.S. citizens/nationals leave 21.1.2. leave blank)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exception to the Nonimmigrant Alien Prohibition: If the applicant answered "yes" to the above question, record the type of documentation showing the exception to the prohibition and attach a copy.	

ATTENTION:

Oregon law allows for the denial or revocation of a permit to purchase if you do not meet the minimum qualifications set out in 2022 Ballot Measure 114 or if the Law Enforcement agency has reasonable grounds to believe you have been or are reasonably likely to be a danger to yourself, or to the community at large, as a result of your mental or psychological state or as demonstrated by your past pattern of behavior involving unlawful violence or threats of unlawful violence.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT (INITIAL HERE):



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DECLARATIONS

***Initial* each box below indicating you have read each statement and you declare the state is true.**

I am now at least 18 years of age.	
I have NEVER been convicted in any court, including a military court, of a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation.	
I have NOT been convicted of a misdemeanor Domestic Violence crime.	
I have NOT been convicted of a misdemeanor involving violence or found guilty except for insanity under ORS 161.295 of a misdemeanor involving violence within the previous four years. Misdemeanor involving violence means Assault IV, Strangulation, Menacing, Reckless Endangerment of another, Bias Crime II	
I have NEVER been adjudicated as a mental defective OR have never been committed to a mental institution.	
I have NOT been subject to a court order, including a Military Protection Order issued by a military judge or magistrate, restraining me from harassing, stalking, or threatening a family member or household member. ORS 166.255 (1) (a), ORS 163.732, ORS 166.255 (1)(c), OR136.230	
I am NOT on probation with conditions limiting possession of a firearm- ORS 137.540 (L)	
I am NOT an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance. Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.	
There are no outstanding felony warrants for my arrest.	
I am not subject to a court order restraining me from contacting or stalking another or under indictment or information in any court for a felony , or any other crime for which the judge could imprison me for more than one year or are you a current member of the military who has been charged with violations (s) of the Uniform Code of Military Justice and whose charge (s) have been referred to a general court-martial.	
I have never received a dishonorable discharge (enlisted members) or received a dismissal (commissioned officers) from the Armed Forces of the United States.	
If I am unable to initial any of the above statements, I have been granted relief under either ORS 166.273, 166.274, or 18 USC 925(c). (Initial if true) Date relief was granted: Type of conviction: (Felony, Misdemeanor, or both)	
<small>Note: Proof of relief may be required with this application. Even if relief has been granted under either ORS 166.273, 166.274, or 18 USC 925(c) firearm rights are not restored until all core civil rights have been substantially restored. To be substantially restored, your following core rights must be restored: 1. The right to vote, 2. The right to hold public office, and 3. The right to sit on a jury. Article 1 Section 45 of the Oregon Constitution limits the rights of persons convicted of misdemeanors or felonies. Therefore, granted relief will only be valid for firearm transfers after 15 years has passed from the completion of a sentence for felony convictions and 5 years for misdemeanor convictions. Unless firearm rights have been substantially restored for any of the above un-initialed questions and the appropriate time has passed for the relief you were granted you will be disqualified for a Permit to Purchase by Oregon State Police, as those are disqualifiers for the transfer of a firearm per State and/or Federal laws.</small>	
I understand that I will be fingerprinted and photographed.	
I certify I have read and understand the entire text of this application. The information and declarations I provided are correct and true to the best of my knowledge. I understand making false statements on this application is a misdemeanor crime and that I may be prosecuted or have my application denied, or my Permit to Purchase revoked.	
I certify that I have completed an approved Firearms Safety Course. Date of Completion: <i>(Certificate of Completion must accompany this application)</i>	

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Signature of Applicant

Date

*****Permit Agent, by signing this application you certify that the applicant has presented documentation of their demonstrated in-person proficiency in their ability to lock, load, unload, fire, and store a firearm*****

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Signature of Permit Agent Authority

Date