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State of Ohio **Application for License to Carry a Concealed Handgun**

Type or Print in Ink

Issuing Agency Use Only	
License #:	Fee Collected:
Date Issued:	Receipt #:
Type: □ Original □ Renewal	

SECTION I

This application will not be processed unless all applicable questions have been answered

	i and until all required supporting docum	ients as described in Onio Revise	a Code (ORC)
I am applying for a: □ new license □ renewed license	Section 2923.125(B) or (F) and, unless fee have been submitted. FEES ARE NO forms of payment.	• • •		
☐ CLEO certification	SECTION II			
	Name of Applicant:			
	Last	First	Middle	•
	County of Residence:	Date of Birth:		
			MM/DD/YYY	Y
	Current Residence: Street			710
Applicant Photo		City	State	ZIP
	Mailing Address (if different from above	;):		
	Street	City	State	ZIP
	Social Security Number (optional):	Place of Birth:		
	Residence Telephone Number:			
SECTION III ANSWER THE FOLLOWING QU (1) Are you legally living in th	Sex of Applicant:		☐ Asian Island ☐ Black ☐ Hispa ☐ White ☐ Other	n/Pacific der (anic e
•	r the past five years or more?			
	of age?stice?			
	eral law from possessing a firearm?			
FOR THE FOLLOWING QUESTI ORDERED SEALED OR EXPUN PURSUANT TO ORC 2923.14,	ONS 6, 7A, 7B, DO NOT INCLUDE ANY CO IGED OR RELATIVE TO WHICH A COURT HA OR A CONVICTION FOR A MINOR MISDEN	INVICTION FOR WHICH A COURT H AS GRANTED RELIEF FROM DISAE MEANOR LEVEL OFFENSE.	IAS BILITY	
pleaded guilty to a felony,	t for or otherwise charged with a felony, o , or have you ever been adjudicated as a o y if committed by an adult?	delinquent child for committing ar	า	□ №
(7A) Are you under indictment	t for, or otherwise charged with, or have yor or ORC 2925, 3719, or 4729, that involves	ou been convicted of, or pleaded	120	_ 110
administration, distribution	on of, or trafficking in a drug of abuse? dicated a delinquent child for committing		☐ YES	□ NO
an adult, be an offense ι	under ORC 2925, 3719, or 4729, that involon of, or trafficking in a drug of abuse?	olves illegal possession, use, sale	,	□ NO

SE	CTION III, continued		
(8)	Have you ever been convicted of, or pleaded guilty to, a misdemeanor offense of violence, charge of domestic violence, or a similar offense, in this or any other state?	□YES	□ NO
(9)	Are you under indictment for, or otherwise charged with, or, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to ORC 2923.14, have you been convicted of or pleaded guilty to, within three years of the date of this application, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to ORC 2923.14, a misdemeanor that is an offense of violence or the offense of possessing a revoked or suspended concealed handgun license, or, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to ORC 2923.14, have you been adjudicated as a delinquent child within three years of the date of this application for committing an act that would be a misdemeanor of that nature, if committed by an adult?	□YES	□ NO
(10)	Are you under indictment for or otherwise charged with, or, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to ORC 2923.14, or have you been convicted of or pleaded guilty to, within 10 years of the date of this application, resisting arrest, or, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to ORC 2923.14, have you been adjudicated as a delinquent child for committing, within 10 years of the date of this application, an act that if committed by an adult would be the offense of resisting arrest?	□YES	□ NO
(11)	 (a) Are you under indictment for, or otherwise charged with, assault or negligent assault? (b) Have you been convicted of, pleaded guilty to, or adjudicated as a delinquent child two or more times for committing assault or negligent assault within five years of the date of this application? (c) Except for a conviction, guilty plea, or delinquent child adjudication the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to ORC 2923.14, have you ever been convicted of, pleaded guilty to, or adjudicated as a delinquent child for assaulting a peace officer? 		□ NO
(12)	(a) Have you ever been adjudicated as mentally incompetent or mentally defective? (b) Have you ever been committed to a mental institution? (c) Have you ever been involuntarily committed to a mental hospital or facility for purposes other than observation?	.□ YES	□ NO
	(d) Have you ever been adjudicated as mentally defective (which includes having been adjudicated as incompetent to manage your own affairs, or ever been committed to a mental institution?	.□ YES	□ NO
(13)	Are you currently the subject of a civil protection order, a temporary protection order, or a protection order issued by a court of this or any other state?	.□YES	□ NO
(14)	Are you currently subject to a suspension imposed under ORC 2923.128(A)(2) of a license to carry a concealed handgun or a temporary emergency license to carry a concealed handgun that previously was issued to you, or are you subject to a similar suspension by another state?	.□ YES	□ NO
(15)	Are you a member of the United States Military on permanent change of station (PCS) orders to Ohio?	.□YES	□ NO
(16)	Are you a permanent resident of Ohio on permanent change of station (PCS) orders to a military assignm outside of Ohio?		□ NO
(17)	Are you a resident of another state?	.□ YES	□ NO
	State of residence If a resident of another state, are you employed in Ohio?	□YES	□ NO

SECTION IV

THESE QUESTIONS ARE REQUIRED TO DETERMINE IF YOU CAN PASS THE NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM AND RECEIVE AN OHIO CONCEALED HANDGUN LICENSE:

(1)	Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year?	🗆 YES	□ NO
(2)	Have you ever been convicted in any 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?	🗆 YES	□ NO
(3)	Are you a fugitive from justice?	🗆 YES	□ NO
(4)	Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance as defined in 21 U.S.C. 802?	□YES	□ NO
(5)	Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or others or are incompetent to manage your own affairs) or have you ever been committed to		
	a mental institution?	🗆 YES	□ NO
(6)	Have you ever been discharged from the Armed Forces under dishonorable conditions?	🗆 YES	□ NO
(7)	Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner of a child?	∴□YES	□ NO
(8)	Have you ever been convicted of, pleaded guilty to, or adjudicated a delinquent child in any court of a misdemeanor crime of domestic violence?	🗆 YES	□ NO
(9)	Have you ever renounced your United States citizenship?	□ YES	□ NO
(10) Are you an alien illegally in the United States?	□ YES	□ NO
(11) Are you an alien admitted to the United States under a nonimmigrant visa?	.□YES	□ NO
(12) If you are an alien admitted to the United States under a nonimmigrant visa, do you fall within any of the exceptions set forth in the instructions to question 12 on the ATF Form 4473? (If you meet any of these exceptions, you must provide supporting documentation)?	🗆 YES	□ NO
(13) What is your state of residence (if any)?		
(14) What is your country of citizenship?		
(15) If you are not a citizen of the United States, what is your U.S issued alien number or admission number?		

SECTION V

YOU MUST COMPLETE THIS SECTION OF THE APPLICATION BY ANSWERING THE QUESTION POSED IN PART (1) BELOW AND, IF THE ANSWER TO THE QUESTION IS "YES," BY PROVIDING IN PART (2) THE INFORMATION SPECIFIED. IF YOU NEED MORE SPACE, COMPLETE AN ADDITIONAL SHEET WITH THE RELEVANT INFORMATION, ATTACH IT TO THE APPLICATION, AND NOTE THE ATTACHMENT AT THE END OF THIS SECTION.

(1)	Have you previously applied in Ohio or in any oth concealed handgun or a temporary emergency		•		YES	□ NO
(2)	If your answer to the question in part (1) of this complete this part by listing each county in Ohio applied for either type of license and, to the best made the application.	section o, and e	of the application is "yeach other state, in whic	es," you must h you previously		
Pre	vious application made inOhio County or Other State	on _	Application Date			
Pre	vious application made inOhio County or Other State	on _	Application Date			
Pre	vious application made inOhio County or Other State	on _	Application Date			

SECTION VI

AN APPLICANT WHO KNOWINGLY GIVES A FALSE ANSWER TO ANY QUESTION OR SUBMITS FALSE INFORMATION ON, OR A FALSE DOCUMENT WITH, THE APPLICATION MAY BE PROSECUTED FOR FALSIFICATION TO OBTAIN A CONCEALED HANDGUN LICENSE, A FELONY OF THE FOURTH DEGREE, IN VIOLATION OF ORC 2921.13.

- (1) I have read the publication that explains Ohio firearms laws, provides instruction in dispute resolution and explains the Ohio laws related to that matter, and provides information regarding aspects of the use of deadly force with a firearm, and I am knowledgeable of the provisions of those laws and of the information on those matters.
- (2) I desire a legal means to carry a concealed handgun for defense of myself or a member of my family while engaged in lawful activity.
- (3) I have never been convicted of or pleaded guilty to a crime of violence in the state of Ohio or elsewhere (if you have been convicted of or pleaded guilty to such a crime, but the records of that conviction or guilty plea have been sealed or expunged by court order or a court has granted relief pursuant to ORC 2923.14 from the disability imposed pursuant to ORC 2923.13 relative to that conviction or guilty plea, you may treat the conviction or guilty plea for purposes of this paragraph as if it never had occurred). I am of sound mind. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to penalties prescribed by law. I authorize the sheriff or the sheriff's designee to inspect only those records or documents relevant to information required for this application.
- (4) The information contained in this application and all attached documents is true and correct to the best of my knowledge.

Signature of Applicant	Date	

TO BE COMPLETED BY THE ISSUING AUTHORITY ONLY

Certificate of Competency: ☐ Original ☐	Renewal □ Prior For	uivalent			
If Original or Renewal, Date Certificate Iss			v Name: _		
_					(OPOTC or NRA ID #)
If Prior Equivalent, what type: ☐ Law Enfo					(0.0000,
What documents have been provided to ϵ					
☐ Military	 Active/Reserve, pr 	ovide Active Duty cre	dentials		
	 Retired/Honorable 	e Discharge, date: _			
What documents have been provided to e	evidence Prior Equiva	alent Training Experie	ence:		
Does Competency Certification provided r	neet the requiremer	nts specified in ORC :	2923.125(B)(3)(a)-	(f)? □Yes □No	
Application received:		Name of Inta	ke Person:		
(MM/	DD/YYYY)				
Application review is to be completed by:		Application revie	wed by:		
	(MM/DD/YYYY)				(MM/DD/YYYY)
Foreign notification sent:		eign notification resp	onse received:		
(MM/DE)/YYYY)			(MM/DD/YYYY)	
Background completed:	Background re	ecords destroyed: _	(MM/DD/YYYY)	Destroyed By:	
(WIW) DD/ 1111)			(MIN) DD/ 1111)		
Approved date:					
Process suspended date:(MM/DD/YYYY)					
Denied date:(MM/DD/YYYY)					
(MIM/DD/YYYY)					
LEADS entry date:	Entry #:		Entered By: _		
NICS Response:				Date:	(MM/DD/YYYY)
					(MINI/DD/YYYY)
NOTES:					