|                                     | State of Ohio Application for License to Carry a Concealed Handgun   | MIKE DEWINE  * OHIO ATTORNEY GENERAL *   |                                 |  |  |
|-------------------------------------|--|--|---------------------------------|--|--|
|                                     | Type or Print in Ink   | Issuing Agency Use Only License #: Fee Coll Date Issued: Receipt Type: □ Original □ Renewal                          |                                 |  |  |
| I am applying for a:  □ new license | SECTION I  This application will not be processed and until all required supporting docused Section 2923.125(B) or (F) and, unle order, or cash in the amount of the apsubmitted. FEES ARE NONREFUNDAE | uments as described in Ohio Revise<br>ss waived, a cashier's check, certifi<br>oplicable license fee or license rene | d Code (ORC)<br>ed check, money |  |  |
| □ renewed license                   | SECTION II   |  |                                 |  |  |
|                                     | Name of Applicant:   | First  | Middle                          |  |  |
|                                     | County of Residence:   | Date of Birth:   |                                 |  |  |
|                                     | Current Residence:Street   | City   | MM/DD/YY  State ZIP             |  |  |
|                                     | Mailing Address (if different from abo   | ve):   |                                 |  |  |
|                                     | Street   | City   | State ZIP                       |  |  |
|                                     | Social Security Number (optional):   | Place of Birth:  |                                 |  |  |
|                                     | Residence Telephone Number:  | Cell Phone:  |                                 |  |  |
| SECTION III ANSWER THE FOLLOWING (  | Sex of Applicant:  | Race/National Origin of Applic   | Cant:                           |  |  |
| (2) Have you lived in Ohio f        | the United States?<br>for the past five years or more?<br>are of age?  |  | □YES □ NO                       |  |  |

FOR THE FOLLOWING QUESTIONS 6, 7A, 7B, DO NOT INCLUDE ANY CONVICTION FOR 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 A CONVICTION FOR A MINOR MISDEMEANOR LEVEL OFFENSE.

(4) Are you a fugitive from justice?
 (5) Are you prohibited by federal law from possessing a firearm?
 □ YES
 □ NO

# **SECTION 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) | <ul> <li>(a) Are you under indictment for, or otherwise charged with, assault or negligent assault?</li> <li>(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?</li> <li>(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?</li> </ul>   |         | □ NO      |
| (12) | <ul> <li>(a) Have you ever been adjudicated as mentally incompetent or mentally defective?</li> <li>(b) Have you ever been committed to a mental institution?</li> <li>(c) Have you ever been involuntarily committed to a mental hospital or facility for purposes other than observation?</li> <li>(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?</li> </ul>  | YES YES | □ NO □ 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 assignment 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?   |         |           |

### **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?  |       | □ 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 |      |
|     |  |       |      |
| (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?  |       | □ 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?   |       |      |
| SHE | R APPLICATIONS REQUESTING CHIEF LAW ENFORCEMENT OFFICER (CLEO) CERTIFICATION BY THE ERIFF FOR THE TRANSFER OF NFA FIREARMS, PLEASE ANSWER THE FOLLOWING QUESTIONS AS LL AS THE QUESTIONS ABOVE:  |       |      |
| (1) | Are you under 21 years of age?   |       | □ NO |
| (2) | What is the reasonable necessity to possess the machine gun, short-barreled rifle, or destructive device listed on your application for Tax Paid Transfer and Registration of Firearm (ATF Form 4):  |       |      |
|     | Is your possession of the device or weapon consistent with public safety (see 18 U.S.C. 922(b) (4) and 27 CFR 478.98)?   | YES   | □ NO |

#### **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 concealed handgun or a tell from your answer to the quest complete this part by listing applied for either type of I made the application. | emporary emergency lition in part (1) of this s<br>ng each county in Ohio, | cense to<br>ection o<br>and ead | o carry a concealed ha<br>f the application is "ye<br>ch other state, in whic | andgun?es," you must<br>h you previously | YES | □ NO |
|------|--|--|---------------------------------|---|--|-----|------|
| Prev | vious application made in_   | Ohio County or Other State   | _ on                            | Application Date  |  |     |      |
| Prev | vious application made in_   | Ohio County or Other State   | _ on                            | Application Date  | <b>-</b> .                               |     |      |
| Prev | vious application made in_   | Ohio 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 ☐ Re     | newal  Prior Equivalent          |                           |                       |                     |
|--|----------------------------------|---------------------------|-----------------------|---------------------|
| If Original or Renewal, Date Certificate Issue | d:                               | Entity Name:              |                       |                     |
| Instructor Na                                  | ame:                             | ID #: _                   |                       | (OPOTC or NRA ID #) |
| If Prior Equivalent, what type: ☐ Law Enforc   | ement Retirement date:           |                           |                       |                     |
| What documents have been provided to evid      | dence Prior Equivalent Training  | Experience:               |                       |                     |
|  |                                  |                           |                       |                     |
| ∏ Military • A                                 | Active/Reserve, provide Active D | Outv credentials          |                       |                     |
|  | Retired/Honorable Discharge, c   |                           |                       |                     |
| What documents have been provided to evid      | _                                |                           |                       |                     |
|  |                                  |                           |                       |                     |
|  |                                  |                           |                       |                     |
| Does Competency Certification provided me      | et the requirements specified in | n ORC 2923.125(B)(3)(a)-( | f)? □Yes □No          |                     |
|  |                                  |                           |                       |                     |
| Application received:                          | By:                              |                           |                       |                     |
| Date   |                                  | Nam                       | ne of Intake Person   |                     |
| Application review is to be completed by:      | Applicat                         | tion reviewed by:         |                       |                     |
|  | Date                             |                           | Name of Reviewer/Date |                     |
| Foreign notification sent:                     | Foreign notification             | on response received:     |                       |                     |
| Date   |                                  |                           | Date                  |                     |
| Background completed:                          | Background records destro        | yed:                      | _ By:                 |                     |
| Date   |                                  | Date                      | Name                  | e                   |
| Approved date:                                 |                                  |                           |                       |                     |
| Process suspended date:                        | Reason:                          |                           |                       |                     |
| Denied date:                                   | Reason:                          |                           |                       |                     |
|  |                                  |                           |                       |                     |
| LEADS entry date:                              | Entry #:                         | By:                       |                       |                     |
|  |                                  |                           | Name                  | 9                   |
| NICS Response:                                 |                                  |                           | Date:                 |                     |
|  |                                  |                           |                       |                     |
| NOTES:   |                                  |                           |                       |                     |