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

I am applying for a:
- ☐ new license
- ☐ renewed license
- ☐ CLEO certification

Applicant Photo

SECTION I

This application will not be processed unless all applicable questions have been answered and until all required supporting documents as described in Ohio Revised Code (ORC) Section 2923.125(B) or (F) and, unless waived, the applicable license fee or license renewal fee have been submitted. FEES ARE NONREFUNDABLE. Consult your sheriff for acceptable forms of payment.

SECTION II

Name of Applicant: _____
Last First Middle

County of Residence: _____ Date of Birth: _____
MM/DD/YYYY

Current Residence: _____
Street City State ZIP

Mailing Address (if different from above):

_____
Street City State ZIP

Social Security Number: _____ Place of Birth: _____

Residence Telephone Number: _____ Cell Phone: _____

Sex of Applicant: ☐ Male ☐ Female

Race/National Origin of Applicant:
- ☐ Indian/Alaskan
- ☐ Asian/Pacific Islander
- ☐ Black
- ☐ Hispanic
- ☐ White
- ☐ Other

SECTION III

ANSWER THE FOLLOWING QUESTIONS.

(1) Are you legally living in the United States? ☐ YES ☐ NO
(2) Have you lived in Ohio for the past five years or more? ☐ YES ☐ NO
(3) Are you at least 21 years of age? ☐ YES ☐ NO
(4) Are you a fugitive from justice? ☐ YES ☐ NO
(5) Are you prohibited by federal law from possessing a firearm? ☐ 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.

(6) Are you under indictment for or otherwise charged with a felony, or have you ever been convicted of or pleaded guilty to a felony, or have you ever been adjudicated as a delinquent child for committing an act that would be a felony if committed by an adult? ☐ YES ☐ NO
(7A) Are you under indictment for, or otherwise charged with, or have you been convicted of, or pleaded guilty to an offense under ORC 2925, 3719, or 4729, that involves illegal possession, use, sale, administration, distribution of, or trafficking in a drug of abuse? ☐ YES ☐ NO
(7B) Have you ever been adjudicated a delinquent child for committing an act that would, if committed by an adult, be an offense under ORC 2925, 3719, or 4729, that involves illegal possession, use, sale, administration, distribution of, or trafficking in a drug of abuse? ☐ 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) (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? ☐ YES ☐ NO

(12) (a) Have you ever been adjudicated as mentally incompetent or mentally defective? ☐ YES ☐ NO
(b) Have you ever been committed to a mental institution? ☐ YES ☐ NO
(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 assignment outside of Ohio? ☐ YES ☐ 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 other state for a license to carry a concealed handgun or a temporary emergency license to carry a concealed handgun?..... ☐ YES ☐ NO

(2) If your answer to the question in part (1) of this section of the application is "yes," you must complete this part by listing each county in Ohio, and each other state, in which you previously applied for either type of license and, to the best of your knowledge, the date on which you made the application.

Previous application made in _____ on _____.
Ohio County or Other State — Application Date

Previous application made in _____ on _____.
Ohio County or Other State — Application Date

Previous application made in _____ on _____.
Ohio County or Other State — 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

Request for a Background Check via WebCheck

(●) BCI ( ) FBI ( ) BCI & FBI

Personal information (please print):

Name: _____ Type of photo ID _____

Date of birth: _____ SSN: _____ ID# _____

Address: _____ Phone #: _____

City/State/ZIP code: _____ Email address: _____

Complete this portion only if an FBI background check is needed:

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Reason for background check (be specific): CCW

Ohio Revised Code number (if known): 311 41R

*If above reason is "Law Enforcement" specify the job title: _____

*If above reason is "Other", you must specify the actual reason for the background check: _____

_____

Where should the results of this background check be sent?

Agency name: _____ Attn: _____

Street address: _____

City: _____ State: _____ZIP code: _____

Direct copy options (Select one from the dropdown)

Ohio Department of Education	Ohio Board of Nursing	Ohio Medical Board
PI/SG Ohio Dept. of Public Safety	Ohio Department of Liquor Control	Ohio Construction Board
BMV Dealer Licensing	BMV Deputy Registrar	Ohio OT/PT/AT Board
Ohio State Racing Commission	Ohio Department of Insurance	State Vision Professionals Board
OPOTA	Ohio Dept. of Agriculture – Hemp	Social Work Board
Ohio Board of Pharmacy	Lottery Commission	Child Care Center – Type A – ODJFS
Ohio Dept. of Commerce – MMCP		
Ohio Veterinary Medical Licensing Board	Ohio Division of Real Estate & Professional Licensing	State Speech & Hearing Professionals Board
NONE		

Waiver information

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Investigation (BCI) to conduct a criminal records check for information relating to me. I also voluntarily and knowingly authorize BCI to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year following the signature date below.

_____ _____

Applicant's name (please print) Witness name (please print)

_____ _____

Applicant's signature Date Witness signature Date

_____

Parent/Guardian name (minor applicants only)

_____

Parent/Guardian signature Date

Please read and initial below

_____ I have reviewed the information entered on this form, and I acknowledge that all information provided is accurate. I also understand that any mistakes or errors on this form are my responsibility.

_____ I have reviewed the information entered on the WebCheck screen, and I verify that all of the information is accurate.

_____ I have reviewed the FBI Noncriminal Justice Applicant's Privacy Rights letter.

I was offered a copy of the Privacy Rights letter and:

_____ Declined it.

_____ Took it with me.

_____ Requested that it be sent to me at the email address provided on this form.

TO BE COMPLETED BY THE ISSUING AUTHORITY ONLY

Certificate of Competency: ☐ Original ☐ Renewal ☐ Prior Equivalent

If Original or Renewal, Date Certificate Issued: _____ Entity Name: _____

Instructor Name: _____ ID #: _____(OPOTC or NRA ID #)

If Prior Equivalent, what type: ☐ Law Enforcement Retirement date: _____

What documents have been provided to evidence Prior Equivalent Training Experience: _____

_____

_____

☐ Military • Active/Reserve, provide Active Duty credentials _____

• Retired/Honorable Discharge, date: _____

What documents have been provided to evidence Prior Equivalent Training Experience: _____

_____

_____

Does Competency Certification provided meet the requirements specified in ORC 2923.125(B)(3)(a)–(f)? ☐ Yes ☐ No

Application received: _____ (MM/DD/YYYY) Name of Intake Person: _____

Application review is to be completed by: _____ (MM/DD/YYYY) Application reviewed by: _____ Date: _____ (MM/DD/YYYY)

Foreign notification sent: _____ (MM/DD/YYYY) Foreign notification response received: _____ (MM/DD/YYYY)

Background completed: _____ (MM/DD/YYYY) Background records destroyed: _____ (MM/DD/YYYY) Destroyed By: _____

Approved date: _____ (MM/DD/YYYY)

Process suspended date: _____ (MM/DD/YYYY) Reason: _____

Denied date: _____ (MM/DD/YYYY) Reason: _____

LEADS entry date: _____ Entry #: _____ Entered By: _____

NICS Response: _____ Date: _____ (MM/DD/YYYY)

NOTES: