State of Ohio
Application for Temporary Emergency
Concealed Carry Handgun License

O.R.C. 2923.1213
Type or Print in Ink

Issuing Agency Use Only
License #: _____
Date Issued: _____
Fee Collected: _____
Receipt#: _____

SECTION I.

This application will not be processed unless all applicable questions have been answered and until all required supporting documents as described in division (B)(1)(a) and (b) of Section 2923.1213 of the Ohio Revised Code have been provided and, unless waived, cash, cashier's check, or money order in the amount of the applicable license fee have been submitted. FEES ARE NONREFUNDABLE.

SECTION II.

Applicant Photo

Name of Applicant: _____
Last First Middle

County of Residence: _____ **Date of Birth:** _____ (MM/DD/YYYY)

Current Physical Address: _____
Street Address City State Zip

Mailing Address (if different from above): _____
Street Address City State Zip

Telephone #: _____ _____ _____
Home Work Cell

Social Security Number:* _____ **E-mail Address:** _____

Sex of Applicant: ☐ Male ☐ Female

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

SECTION III.

Evidence of imminent danger (attach documentation)

☐ Written documentation prepared by law enforcement, prosecutor or court, government entity or public official (e.g., reports, TPO, CPO) and/or;

☐ Sworn Affidavit (provided by applicant under threat of perjury)

SECTION IV.

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED YES OR NO.

(1) Have you been a resident of Ohio for at least 45 days and a resident of the county of application for at least 30 days? ☐ Yes ☐ No

(2) Have you lived in Ohio for 5 years or more? ☐ Yes ☐ No

SECTION V.

I, _____, attest to the following:

(1) I am legally living in the United States;
(2) I am at least 21 years of age;
(3) I am a resident of county of issuance;
(4) I have not applied for or received a Temporary Emergency Concealed Carry Handgun License within the last four years;
(5) I am not a fugitive from justice;
(6) I am not otherwise prohibited by federal law from possessing a firearm;
(7) I am not under indictment for, or otherwise charged with, an offense identified in Division (D)(1)(d) of Section 2923.125 of the Ohio Revised Code;
(8) I have not been convicted of, or pleaded guilty to, an offense and have not been adjudicated a delinquent child for committing an act identified in Division (D)(1)(e) of that section;
(9) Within three years of the date of this submission, I have not been convicted of, or pleaded guilty to, an offense and have not been adjudicated a delinquent child for committing an act identified in Division (D)(1)(f) of that section;
(10) Within five years of the date of this submission, I have not been convicted of, pleaded guilty to, or have not been adjudicated a delinquent for committing two or more violations identified in Division (D)(1)(g) of that section;

(11) Within 10 years of the date of this submission, I have not been convicted of, pleaded guilty to, or have not been adjudicated a delinquent child for committing a violation identified in Division (D)(1)(h) of that section;

(12) I have not been adjudicated as a mental defective, have not been committed to any mental institution, and am not under adjudication of mental incompetence, and have not been found by a court to be a mentally ill person subject to hospitalization by court order, and I am not an involuntary patient other than one who is a patient only for purposes of observation, as described in Division (D)(1)(i) of that section;

(13) I have not been voluntarily committed to a mental hospital or facility for purposes other than observation, or been found by a court to be unable to manage my own affairs;

(14) I am not currently subject to a civil protection order, a temporary protection order, or a protection order issued by a court of this or any other state, as described in Division (D)(1)(j) of that section;

(15) I have reasonable cause to fear a criminal attack upon myself or a member of my family, such as would justify a prudent person in going armed;

(16) 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, and will carry the concealed handgun in a lawful manner;

(17) FURTHER AFFIANT SAYETH NAUGHT.

_____ _____

Signature of Applicant (witnessed by Notary) Date (MM/DD/YYYY)

SWORN TO, before me and subscribed in my presence this _____ day of _____,

_____ at _____, County of _____, state of Ohio.

_____

Notary Public

Temporary Emergency Concealed Carry Handgun License is only valid for 90 days from date of issuance and cannot be renewed. A person can only obtain a Temporary Emergency Concealed Carry Handgun License one time during the four-year period after original issue.

TO BE COMPLETED BY THE ISSUING AUTHORITY ONLY

Application received: _____ MM/DD/YYYY **Received by/intake person:** _____

Application review completed by: _____ MM/DD/YYYY **Application reviewed by:** _____

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

☐ **Approved date:** _____

☐ **Denied date:** _____ **Reason:** _____

☐ **LEADS entry date:** _____ **Entry #:** _____ **Enterer's Name:** _____

***Certain personal information requested on the application, including an applicant's Social Security number is protected by both Ohio and federal law. Inclusion of a Social Security Number on an application for a concealed weapon license is not required for the application to be processed. Under federal law, the county sheriff may not refuse to process an application for a license if the applicant does not provide a Social Security number. Although voluntary, disclosing a Social Security number greatly facilitates the background checks that must be conducted before a license can be issued.**

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.