

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

O.R.C. 2923.1210

Type or Print in Ink

Issuing Agency Use Only
License #:
Date Issued:
Type: Original Renewal
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) or (F) of section 2923.125 of the Ohio Revised Code and, unless waived, a cashier's check, certified check, or money order in the amount of the applicable license fee or license renewal fee have been submitted. FEES ARE NONREFUNDABLE.

SECTION II

Name of Applicant: Last First Middle

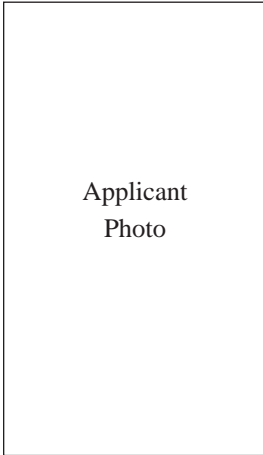
County of Residence: Date of Birth:

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: Sex of Applicant: Male Female



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

SECTION III

THE FOLLOWING QUESTIONS ARE TO BE ANSWERED YES OR NO

- (1) Are you legally living in the United States?
(2) Have you been a resident of Ohio for at least 45 days and a resident of the county of application (or adjacent county) for at least 30 days?
(3) Have you lived in Ohio for 5 years or more?
(4) Are you at least 21 years of age?
(5) Are you a fugitive from justice?
(6) Are you prohibited by federal law from possessing a firearm?
(7) Are you under indictment for or otherwise charged with a felony, or have you ever been convicted of, or pleaded guilty to a felony, 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 section 2923.14 of the Revised Code or have you ever been adjudicated a delinquent child for committing an act that would be a felony if committed by an adult?
(8) Are you under indictment, 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 section 2923.14 of the Revised Code, have you ever been convicted of or pleaded guilty to an offense under Chapter 2925, 3719, or 4729 of the Ohio Revised Code, or a similar offense in any other state, that involves illegal possession, use, sale, administration, distribution of or trafficking in a drug of abuse, 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 section 2923.14 of the Revised Code, have you ever been adjudicated a delinquent child for committing an act that would be an offense of that nature if committed by an adult?
(9) 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?

- (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 section 2923.14 of the Revised Code 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 section 2923.14 of the Revised Code 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 section 2923.14 of the Revised Code, have you been adjudicated 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
- (11) 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 section 2923.14 of the Revised Code, 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 section 2923.14 of the Revised Code, have you been adjudicated 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
- (12) (a) Are you under indictment for, or otherwise charged with, assault or negligent assault? .....  YES  NO
- (b) Have you been convicted of, pleaded guilty to, or adjudicated a delinquent child two or more times for committing assault or negligent assault within five years of the date of this application? .....  YES  NO
- (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 section 2923.14 of the Revised Code, have you ever been convicted of, pleaded guilty to, or adjudicated a delinquent child for assaulting a peace officer? .....  YES  NO
- (13) (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 mentally defective (which includes having been adjudicated incompetent to manage your own affairs), or ever been committed to a mental institution? .....  YES  NO
- (14) Are you drug dependent, in danger of being drug dependent, or a chronic alcoholic? .....  YES  NO
- (15) 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
- (16) Are you currently subject to a suspension imposed under division (A)(2) of section 2923.128 of the Revised Code of a license to carry a concealed handgun or a temporary emergency license to carry a concealed handgun that previously was issued to you? .....  YES  NO

## SECTION IV

YOU MUST COMPLETE THIS SECTION OF THE APPLICATION BY PROVIDING, TO THE BEST OF YOUR KNOWLEDGE, THE ADDRESS OF EACH PLACE OF RESIDENCE AT WHICH YOU RESIDED AT ANY TIME AFTER YOU ATTAINED EIGHTEEN YEARS OF AGE AND UNTIL YOU COMMENCED YOUR RESIDENCE AT THE LOCATION IDENTIFIED IN SECTION II OF THIS FORM, AND THE DATES OF RESIDENCE AT EACH OF THOSE ADDRESSES. 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.

### Residence 1:

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Dates of residence at this address:  
From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

### Residence 2:

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Dates of residence at this address:  
From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

### Residence 3:

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Dates of residence at this address:  
From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

### Residence 4:

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Dates of residence at this address:  
From \_\_\_\_\_ to \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

## SECTION V

YOU MUST COMPLETE THIS SECTION OF THE APPLICATION BY ANSWERING THE QUESTION POSED IN PART (1) 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 any county 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 \_\_\_\_\_ (insert name of Ohio county or other state) on \_\_\_\_\_  
(insert date of application.)

Previous application made in \_\_\_\_\_ (insert name of Ohio county or other state) on \_\_\_\_\_  
(insert date of application.)

Previous application made in \_\_\_\_\_ (insert name of Ohio county or other state) on \_\_\_\_\_  
(insert date of application.)

