



JOSEPHINE COUNTY SHERIFF'S OFFICE

CONCEALED HANDGUN CHANGE OF ADDRESS

At the time you submit your application for change of address you may be photographed and a \$15.00 *cash* fee will be collected. These fees are non-refundable and cover the cost of the processing as required by law.

NAME: _____ BIRTH DATE: _____

STREET ADDRESS: _____ CITY: _____

ZIP: _____ TELEPHONE: _____

MAILING ADDRESS: _____ CITY: _____

ZIP: _____ PLACE OF BIRTH: _____ ODL: _____

SOCIAL SECURITY NUMBER: _____ (Disclosure of your social security number is voluntary. Solicitation of the number is authorized under ORS 166.420. It will only be used as a means of identification.)

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

OTHER NAMES USED: _____

REASON FOR REPLACEMENT: (Moved, Lost, etc) _____

Received by: _____ Date: _____

CHL # : _____ Expiration Date: _____