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

# State of Ohio

| MIKE      | DE         | Wine    |
|-----------|------------|---------|
| + OHIO AT | TORNEY GEI | VERAL * |

|   | Application for License to   |                                    | + OHIO ATTORNEY GENER  | RAL +        |
|---|--|------------------------------------|------------------------|--------------|
|   | Carry a Concealed Handgun  Type or Print in Ink                          | Issuing Agency Use Only License #: | Fee Collected:         |              |
| ₩,                                      |  | Date Issued:                       |                        |              |
| · · · · · · · · · · · · · · · · · · ·   |  | Type: □ Original □ Renewal         | Troope w.              |              |
|   | SECTION I  |                                    |                        |              |
| · · · · · · · · · · · · · · · · · · ·   | This application will not be processed                                   | i unless all annlicable quest      | ions have been ans     | wered        |
|   | and until all required supporting docu                                   |                                    |                        |              |
| Lam applying for a                      | Section 2923.125(B) or (F) and, unle                                     |                                    | · ·                    | •            |
| I am applying for a:                    | fee have been submitted. FEES ARE I                                      | NONREFUNDABLE. Consult y           | your sheriff for accep | ptable       |
| ☐ renewed license                       | forms of payment.  |                                    |                        |              |
| □ CLEO certification                    | SECTION II   |                                    |                        |              |
| - ·- ·- · · · · · · · · · · · · · · · · | Name of Applicant:   |                                    |                        |              |
|   | Last   | First                              | Middl                  | le           |
|   | County of Residence:   | Date of Riv                        | rth:                   |              |
|   | county of Madiachiod.  |                                    | MM/DD/YY               | <del>,</del> |
|   | Current Basidanası   |                                    |                        |              |
|   | Current Residence: Street  | City                               | State                  | ZIP          |
| Applicant Photo                         |  |                                    |                        |              |
|   | Mailing Address (if different from abo                                   | ve):                               |                        |              |
|   | Street   | City                               | State                  | ZIP          |
|   | Street   | org                                | State                  | 4            |
|   | Social Security Number (optional):                                       | Place of B                         | irth:                  |              |
|   | Residence Telephone Number:  | Cell Phone                         | e:                     |              |
|   | Sex of Applicant:  Male  Female  | <u>-</u>                           |                        |              |
|   | — Sex of Applicant.   Male   Female                                      | nace/National Origin t             |                        | n/Pacific    |
|   |  |                                    | Islan                  |              |
|   |  |                                    | ☐ Blaci                |              |
| SECTION III                             |  |                                    | ☐ White                | e            |
| ANSWÈR THE FOLLOWING (                  | OUESTIONS.   |                                    | ☐ Othe                 | er           |
|   |  |                                    |                        |              |
|   | the United States?   |                                    |                        |              |
|   | for the past five years or more?   |                                    |                        |              |
|   | ars of age?  |                                    |                        |              |
|   | justice?ederal law from possessing a firearm?                            |                                    |                        |              |
| 5) Are you promoted by it               | suerai iaw irom possessing a ireamir                                     |                                    | L 1 E3                 | ) L NO       |
| FOR THE FOLLOWING OUES                  | STIONS 6, 7A, 7B, DO NOT INCLUDE ANY O                                   | CONVICTION FOR WHICH A C           | OURT HAS               |              |
|   | UNGED OR RELATIVE TO WHICH A COURT                                       |                                    |                        |              |
| PURSUANT TO ORC 2923.1                  | 4, OR A CONVICTION FOR A MINOR MISDI                                     | EMEANOR LEVEL OFFENSE.             |                        |              |
|   |  |                                    |                        |              |
|   | ent for or otherwise charged with a felony,                              |                                    |                        |              |
| pleaded guilty to a felo                | ny, or have you ever been adjudicated as                                 | a delinquent child for comm        | itting an              | :            |
| act that would be a feld                | ony if committed by an adult?ent for, or otherwise charged with, or have | wou been convicted of or n         |                        | , LI 110     |
|   | der ORC 2925, 3719, or 4729, that involve                                |                                    |                        |              |
|   | ution of, or trafficking in a drug of abuse?                             |                                    |                        | □ NO         |
| 7B) Have you ever been ac               | djudicated a delinquent child for committi                               | ng an act that would, if com       | mitted by              |              |
| an adult, be an offense                 | e under ORC 2925, 3719, or 4729, that ir                                 | nvolves illegal possession, u      | ise, sale,             |              |
| administration, distrib                 | ution of, or trafficking in a drug of abuse?                             |                                    | 🗆 YES                  | S □ NO       |

| SEC  | CTION 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        | □ NC |
|      | 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         | □ NC |
| (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</li> </ul>  |              |      |
|      | delinquent child for assaulting a peace officer?   | □YES         |      |
| (12) | (a) Have you ever been adjudicated as mentally incompetent or mentally defective?  | □YES<br>□YES |      |
|      | (c) Have you ever been involuntarily committed to a mental hospital or facility for purposes other than observation?   | □ YES        | □ NC |
|      | (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?  | □YE\$        | □ 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         | □ NC |
| (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?   | □YE\$        |      |
| (15) | Are you a member of the United States Military on permanent change of station (PCS) orders   |              |      |

to Ohio?

outside of Ohio?

State of residence \_\_\_\_\_ If a resident of another state, are you employed in Ohio? 

YES 

NO

(17) Are you a resident of another state?

(16) Are you a permanent resident of Ohio on permanent change of station (PCS) orders to a military assignment

## **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?  | LI YES                                | ⊔ №  |
| (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.

| <ul> <li>(1) Have you previously applied in Ohio or in any otle concealed handgun or a temporary emergency</li> <li>(2) If your answer to the question in part (1) of this complete this part by listing each county in Ohio applied for either type of license and, to the best made the application.</li> </ul> | license t<br>section o<br>o, and ea | o carry a concealed ha<br>of the application is "ye<br>ach other state, in whic | ndgun?<br>es," you must<br>h you previously | □YES | □ NO |
|---|-------------------------------------|---|---|------|------|
| Previous application made inOhio County or Other State  | on                                  | Application Date  | ••  |      |      |
| Previous application made in Ohio County or Other State   | on _                                | Application Date  | <b></b>                                     |      |      |
| Previous application made inOhio County or Other State  | on                                  | Application Date  | <del></del>                                 |      |      |

#### **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 | <br> |
|------------------------|------|
|                        |      |

## TO BE COMPLETED BY THE ISSUING AUTHORITY ONLY

| Certificate of Competency: ☐ Original ☐ R     | enewal Drior Equivalent         |  |                     |                                       |
|---|---------------------------------|--|---------------------|---------------------------------------|
| If Original or Renewal, Date Certificate Issu | ed:                             | Entity Name:                               |                     |                                       |
| Instructor N                                  | Name:                           | ID #:                                      |                     | (OPOTC or NRA ID #)                   |
| If Prior Equivalent, what type: ☐ Law Enfor   | cement Retirement date: _       |  |                     |                                       |
| What documents have been provided to ev       | idence Prior Equivalent Trainin | g Experience:                              |                     |                                       |
|   |                                 |  |                     |                                       |
| ·   |                                 | <u> </u>                                   |                     |                                       |
| ☐ Military •                                  | Active/Reserve, provide Active  | Duty credentials                           |                     |                                       |
| •   | Retired/Honorable Discharge,    | , date:                                    |                     |                                       |
| What documents have been provided to ev       | idence Prior Equivalent Trainin | g Experience:                              |                     | ·                                     |
|   |                                 |  |                     | · · · · · · · · · · · · · · · · · · · |
|   |                                 | ,, <u>, , , , , , , , , , , , , , , , </u> |                     |                                       |
| Does Competency Certification provided m      | eet the requirements specified  | in ORC 2923.125(B)(3)(a)-                  | -(f)? □Yes □No      |                                       |
|   |                                 |  |                     |                                       |
| Application received:                         | Ву:                             |  |                     |                                       |
| Date  |                                 | Na   | me of Intake Person |                                       |
| Application review is to be completed by: _   | Applica                         | ation reviewed by:                         |                     |                                       |
|   | Date                            |  | Name of Reviewer/D  | Pate                                  |
| Foreign notification sent:                    | Foreign notificat               | ion response received:                     |                     |                                       |
| Date  |                                 |  | Date                | •                                     |
| Background completed:                         | Background records destr        | royed:                                     | Ву:                 | <u> </u>                              |
| Date  |                                 | Date                                       |                     | Name                                  |
| Approved date:                                |                                 |  |                     |                                       |
| Process suspended date:                       | Reason:                         |  |                     | <del></del>                           |
| Denied date:                                  | Reason:                         |  |                     | · · · · · · · · · · · · · · · · · · · |
| •   |                                 |  |                     |                                       |
| LEADS entry date:                             | Entry #:                        | By: _                                      |                     |                                       |
|   |                                 |  | ,                   | Name                                  |
| NICS Response:                                | ,                               |  | Date:               |                                       |
|   |                                 |  |                     |                                       |
| NOTES:  |                                 |  |                     |                                       |