



# 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:	<input type="checkbox"/> Original <input type="checkbox"/> 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 have been provided and, unless waived, cash, cashier's 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

**Current Physical Address:** \_\_\_\_\_  
Street Address City State Zip County

**Mailing Address (if different from above):** \_\_\_\_\_  
Street Address City State Zip County

**Telephone #:** \_\_\_\_\_  
Home Work Cell

**Date of Birth:** \_\_\_\_\_ **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  Other  White

### SECTION III.

#### THE FOLLOWING QUESTIONS ARE TO BE ANSWERED YES OR NO.

- (1) Are you legally living in the United States?  YES  NO
- (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?  YES  NO
- (3) Are you at least 21 years of age?  YES  NO
- (4) Have you ever applied for a concealed carry handgun license in another county in Ohio?  YES  NO  
If yes, what county? \_\_\_\_\_ Date: \_\_\_\_\_
- (5) Have you ever been denied a concealed carry handgun license in another county in Ohio?  YES  NO  
If yes, what county? \_\_\_\_\_ Date: \_\_\_\_\_
- (6) Are you a fugitive from justice?  YES  NO
- (7) Are you prohibited by federal law from possessing a firearm?  YES  NO
- (8) Are you under indictment for or otherwise charged with a felony, have you ever been convicted of or pleaded guilty to a felony, or have you ever been adjudicated a delinquent child for committing an act that would be a felony if committed by an adult?  YES  NO
- (9) Are you under indictment, or otherwise charged with, or 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 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?  YES  NO
- (10) 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
- (11) Are you under indictment for, or otherwise charged with, or have you been convicted of or pleaded guilty to, within three years of the date of this application, a misdemeanor that is an offense of violence or the offense of possessing a revoked or suspended concealed handgun license, or 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
- (12) Are you under indictment for or otherwise charged with, or have you been convicted of or pleaded guilty to, within 10 years of the date of this application, resisting arrest, or 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

- (13) (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) Have you ever been convicted of, pleaded guilty to, or adjudicated a delinquent child for assaulting a peace officer? YES NO
- (14) (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
- (15) Are you drug dependent, in danger of being drug dependent, or a chronic alcoholic? YES NO
- (16) 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
- (17) 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 since you attained age 18 and until you commenced your residence at the location identified in **Section II** of this form. LIST PREVIOUS RESIDENCES CHRONOLOGICALLY, BEGINNING WITH THE MOST RECENT. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.

**Residence 1:**

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

**Residence 2:**

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

**Residence 3:**

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

**Residence 4:**

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

**Residence 5:**

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

**Residence 6:**

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Street Address	City	State	Zip	County
Dates of residence at this address:				
From _____ to _____		From _____ 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 \_\_\_\_\_ on \_\_\_\_\_  
(Name of Ohio county or other state) (Insert date of application)

Previous application made in \_\_\_\_\_ on \_\_\_\_\_  
(Name of Ohio county or other state) (Insert date of application)

**SECTION VI.**

AN APPLICANT WHO KNOWINGLY PROVIDES A FALSE ANSWER TO ANY QUESTION, OR SUBMITS FALSE INFORMATION OR A FALSE DOCUMENT WITH THIS APPLICATION, MAY BE PROSECUTED FOR FALSIFICATION TO OBTAIN A CONCEALED HANDGUN LICENSE, IN VIOLATION OF OHIO REVISED CODE SECTION 2921.13, A FELONY OF THE FOURTH DEGREE.

THE UNDERSIGNED MUST ATTEST TO THE FOLLOWING:

(1) I have been furnished, and have read, the publication that explains the Ohio firearms laws, that provides instruction in dispute resolution, and explains the Ohio laws related to that matter, and that provides information regarding all 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 and will carry the concealed handgun in a lawful manner.

(3) I have never been convicted of or pleaded guilty to a crime of violence in the state of Ohio, or elsewhere. I am of sound mind, and 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 are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**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: \_\_\_\_\_

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Military • Active/Reserve provide Active Duty credentials

• Retired/Honorable Discharge date: \_\_\_\_\_

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

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

Application received: \_\_\_\_\_ Date      By: \_\_\_\_\_ Name of Reviewer

Application review is to be completed by: \_\_\_\_\_ Date      Application reviewed by: \_\_\_\_\_ Date

Foreign notification sent: \_\_\_\_\_ Date      Foreign notification response received: \_\_\_\_\_ Date

Background completed: \_\_\_\_\_ Date      Background records destroyed: \_\_\_\_\_ Date      By: \_\_\_\_\_ Name

Approved date: \_\_\_\_\_

Process suspended date: \_\_\_\_\_ Reason: \_\_\_\_\_

Denied date: \_\_\_\_\_ Reason: \_\_\_\_\_

LEADS entry date: \_\_\_\_\_ Entry #: \_\_\_\_\_ By: \_\_\_\_\_ Name

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\*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.