



# **GRAND RONDE TRIBAL POLICE DEPARTMENT**

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**Office:** 503.879.1821 ♦ **Fax:** 503.879.2417

**Non-Emergency Dispatch:** 503.879.2123

26870 Salmon River Highway, Grand Ronde, OR 97347

**Mailing Address:** 9615 Grand Ronde Road, Grand Ronde, OR 97347

## **Tribal Concealed Carry Permit Application**

### **Please note the following:**

- A Tribal Concealed Carry Permit is not recognized in any jurisdiction outside of Grand Ronde Tribal lands.
- You must hold a current Concealed Handgun License/Carry Permit within any county in the State of Oregon to qualify for a Tribal Concealed Handgun License.
- You may not carry a concealed firearm into any Tribal building or any location or event where Tribal business is being conducted, except when:
  - You have obtained a special endorsement because of an active restraining, stalking, protective or no contact order, or other safety concern reviewed and authorized by the Grand Ronde Tribal Chief of Police, or
  - Your job duties require you to carry a firearm
  - Even with an endorsement, you may never carry into the Spirit Mountain Casino or Tribal Court.
- You must make an appointment to apply for a permit in person by calling 503-879-1821.
- Walk-in applications, and mailed applications, will not be accepted or processed.
- There is no fee to apply for a Tribal Concealed Carry Permit.
- Permits are only valid for one (1) year after date of issue.



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## Application for Tribal Concealed Carry Permit on Tribal Lands

FULL LEGAL NAME					
_____			_____		_____ / ____ / ____
Last Name	First	Middle	Date of Birth		
Other Names Used (maiden name, nicknames, etc.)					Last 4 digits of Social Security #
Current Residence Address	City	State	Zip	How long have you lived here?	
Mailing Address (if different)	City	State	Zip	Cell Phone #	
City	State	Zip	Home Phone #		
Age	Sex <sup>M</sup> <sup>F</sup>	Height (ft 'in '')	Weight (lbs)	Hair Color	Eye Color
Place of Birth		<input type="checkbox"/> USA <input type="checkbox"/> Other	Other Country	Ethnicity/Race	

<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student at: _____	_____ Name of College/University
Employer Name			Occupation			
Employer Address	City	State	Zip	Phone #		



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## PLEASE READ & ANSWER EACH QUESTION CAREFULLY

- 1) Have you ever been dishonorably discharged, or the equivalent if you were an Officer, from the United States Armed Forces?  No  Yes – If yes, what branch & when:  
\_\_\_\_\_
- 2) Have you ever renounced your United States citizenship?  No  Yes – If yes, when:  
\_\_\_\_\_
- 3) Do you currently use controlled substances (other than medical marijuana) such as cocaine, methamphetamine, LSD, ecstasy, etc.?  No  Yes (If no, skip to question 4)
  - a. What controlled substances do you use that are NOT prescribed by a Doctor?  
\_\_\_\_\_
  - b. Do you possess or own a working firearm?  No  Yes
- 4) Are you subject to any type of restraining or stalking order issued by any court?  No  Yes  
(If no, skip to question 5)
  - a. Expiration Date: \_\_\_\_\_
  - b. Court Case Number: \_\_\_\_\_
  - c. What Court was it issued out of: \_\_\_\_\_
- 5) Have you ever been convicted of a drug charge?  No  Yes (If no, skip to question 6)  
If you have had these records expunged you may legally answer No
  - a. When were you convicted: \_\_\_\_\_
  - b. Where : \_\_\_\_\_
  - c. Was the charge later reduced or dropped?  No  Yes (Explain):  
\_\_\_\_\_
  - d. Was the charge an infraction?  No  Yes
  - e. Have you ever completed a court-supervised drug diversion program?  No  Yes  
If yes, when: \_\_\_\_\_
- 6) Have you ever been convicted of a misdemeanor crime of domestic violence?  No  Yes  
If you have had this record expunged you may legally answer No (If no, skip to question 7)
  - a. When were you convicted: \_\_\_\_\_
  - b. Where: \_\_\_\_\_
  - c. Was the charge later reduced or dropped?  No  Yes When: \_\_\_\_\_

- 7) Have you ever been convicted of a felony?  No  Yes (If no, then you are done with this section)  
 If you have had this record expunged you may legally answer No
- a. When were you convicted: \_\_\_\_\_
- b. Where were you convicted: \_\_\_\_\_
- c. Was the charge later reduced or dropped?  No  Yes When: \_\_\_\_\_
- 8) Do you consent to a background check?  No  Yes

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby declare as follows:

- I am a citizen of the United States or am a legal resident alien who can document continuous residency in the county for at least six months and has declared in writing to the United States Citizenship and Immigration Services the intent to acquire citizenship status and can present proof of the written declaration to the sheriff at the time of application for the license;
- I am at least 21 years of age
- I am a resident of the county, have ownership of land in the county or have a letter from the sheriff stating my eligibility to obtain a concealed handgun license in the county
- I have no outstanding warrants for arrest
- I am not free on any form of pretrial release
- I have not committed any crime causing me to be ineligible for a License to Carry a Concealed Handgun
- I have not had my License to Carry a Concealed Handgun revoked since its date of issuance
- I have never been convicted of a felony or found guilty, except for insanity under ORS 161.295, of a felony
- I have not been convicted of a misdemeanor or found guilty of a misdemeanor within the four years prior to the application. An exception to this would be for insanity under ORS 161.295 or you have successfully completed diversion for a DUII
- I have not been committed to the Oregon Health Authority under ORS 426.130
- I have not been found to be mentally ill and am not subject to an order under ORS 426.130 where I am prohibited from purchasing or possessing a firearm as a result of that mental illness
- I have been discharged from the jurisdiction of the juvenile court for more than four years if, while a minor, I was found to be within the jurisdiction of the juvenile court for having committed an act that, if committed by an adult, would constitute a felony or a misdemeanor involving violence, as defined in ORS 166.470
- I have not been convicted of an offense involving controlled substances or participated in a court-supervised drug diversion program, except this disability does not operate to exclude a person if: 1) The person has been convicted only once of violating ORS 475.864 (3) and has not completed a court-supervised drug diversion program under ORS 135.907 or 2) The person has completed a court-supervised drug diversion program under ORS 135.907 and has not been convicted of violating ORS 475.864 (3)
- I am not subject to a citation issued under ORS 163.735 or an order issued under ORS 30.866, 107.700 to 107.735 or 163.738
- I have not received a dishonorable discharge from the Armed Forces of the United States
- I am not required to register as a sex offender in any state
- A person who has been granted relief under ORS 166.274 or 166.293 or 18 U.S.C. 925(c) or has had the person's record expunged under the laws of this state or equivalent laws of other jurisdictions is not subject to the disabilities listed above

**I have read the entire text and certify this application and the statements therein are correct and true. I further understand that making false statements on the application is a misdemeanor and I am subject to prosecution and automatic denial or revocation.**

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

Date: \_\_\_\_\_

**STOP HERE ----- OFFICE USE ONLY**

**Identification**

\_\_\_\_\_  
Driver's License Number                      **OR**                      \_\_\_\_\_  
State                      Expiration Date

**Second ID**     CHL  Bank Card  Credit Card  Military  Tribal ID  Other: \_\_\_\_\_

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**Current Concealed Carry Permit**

\_\_\_\_\_  
County of Issue                      Issue Date                      Expiration Date

**Comments**

**APPROVAL INFORMATION**

APPROVED                       DENIED    REASON \_\_\_\_\_

COMPLETED BY \_\_\_\_\_                      DATE \_\_\_\_\_