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OKLAHOMA STATE BUREAU OF INVESTIGATION

APPLICATION FOR SELF-DEFENSE ACT LICENSE



OSBI Self Defense Act Unit
6600 North Harvey Place
Oklahoma City, OK 73116

http://www.ok.gov/osbi/Handgun_Licensing

sda@osbi.ok.gov

(405) 879-2690

Toll Free: (800) 207-6724

Fax: (405) 840-8485

CHECK APPROPRIATE BOXES.

HAVE YOU PREVIOUSLY SUBMITTED A HANDGUN APPLICATION? YES NO

<input type="checkbox"/> NEW LICENSE APPLICATION <input type="checkbox"/> FIVE YEAR TERM - \$100 <input type="checkbox"/> TEN YEAR TERM - \$200 <input type="checkbox"/> EXPIRED RENEWAL (AFTER 3 YEAR GRACE PERIOD) <input type="checkbox"/> FIVE YEAR TERM - \$100 <input type="checkbox"/> TEN YEAR TERM - \$200 <small>APPLICATION MUST BE MADE THROUGH YOUR SHERIFF'S OFFICE.</small>	<input type="checkbox"/> RENEWAL LICENSE APPLICATION <input type="checkbox"/> FIVE YEAR TERM - \$85 <input type="checkbox"/> TEN YEAR TERM - \$170 ENTER SDA # OR SDA LICENSE #: _____ EXPIRATION DATE: _____	<input type="checkbox"/> INSTRUCTOR APPLICATION - \$100 (FIVE YEAR TERM ONLY) <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <small>Include copy of CLEET issued SDA Instructor Certificate. APPLICATION MUST BE MADE THROUGH YOUR SHERIFF'S OFFICE.</small>
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ALL INFORMATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED. APPLICANT INFORMATION (PLEASE PRINT CLEARLY IN BLACK OR BLUE INK).

NAME (LAST, FIRST MIDDLE)			SOCIAL SECURITY NUMBER			MAIDEN NAME / NICKNAMES / PREVIOUS LAST NAME(S)		
DATE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	HEIGHT (FEET/INCHES)	WEIGHT (POUNDS)	EYE COLOR	HAIR COLOR	PHONE NUMBER HOME () CELL ()
CURRENT DRIVERS LICENSE NUMBER (OR STATE ISSUED ID CARD) STATE _____ <small>IF LICENSE OR STATE ID CARD WAS ISSUED OUTSIDE THE STATE OF OKLAHOMA, PROVIDE CURRENT MILITARY ORDERS INDICATING OKLAHOMA AS PERMANENT DUTY STATION.</small>			MILITARY SERVICE NUMBER _____			LAW ENFORCEMENT IDENTIFICATION NUMBERS (BADGE, EMPLOYEE, ETC.)		

EMPLOYED (PLEASE COMPLETE EMPLOYER INFORMATION BELOW) UNEMPLOYED RETIRED STUDENT SELF-EMPLOYED OTHER: _____

NAME OF PRESENT EMPLOYER			OCCUPATION / JOB TITLE		
PRESENT EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE	EMPLOYER'S PHONE NUMBER ()	

TYPE OF HANDGUN (CHECK ALL THAT APPLY.) <input type="checkbox"/> DERRINGER <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTOMATIC	EMAIL ADDRESS (OPTIONAL)
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MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY OF CURRENT RESIDENCE
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	YEARS AND MONTHS AT CURRENT ADDRESS _____ YEARS _____ MONTHS
IF LESS THAN 3 YEARS AT CURRENT PHYSICAL ADDRESS, PLEASE INCLUDE PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (ATTACH ADDITIONAL SHEETS IF NECESSARY)				
PREVIOUS PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	COUNTY OF PREVIOUS RESIDENCE
PREVIOUS PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	COUNTY OF PREVIOUS RESIDENCE

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DATE OF APPROVAL	INIT
[]	[]

LE CHECK/SO-PD	III	NFUF/CCH	OSCN/ODCR	JOLTS
[]	[]	[]	[]	[]

THE FOLLOWING QUESTIONS WILL BE USED TO DETERMINE IF THE APPLICANT MEETS THE ELIGIBILITY REQUIREMENTS FOUND IN TITLE 21 OKLAHOMA STATUTE 1290.9 AND IS NOT PRECLUDED AS SPECIFIED IN TITLE 21 OKLAHOMA STATUTES 1290.10 AND 1290.11.

<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Are you a U.S. citizen?
<input type="checkbox"/> YES <input type="checkbox"/> NO	2. Have you ever renounced your U.S. citizenship?
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Do you have an Oklahoma Driver's License or Oklahoma State Identification Card?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	4. If you answered "NO" to the previous question, are you active duty military permanently stationed within Oklahoma? <i>(If yes, please provide a copy of your current orders.)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Do you maintain a residence in the state of Oklahoma?
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Have you ever received a dishonorable discharge from the military?

FELONIES

<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Do you have a felony conviction?
<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Do you currently have a felony charge pending?
<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a felony offense?
<input type="checkbox"/> YES <input type="checkbox"/> NO	10. In the last 10 years, did you receive a felony adjudication as a delinquent? <i>Pursuant to the Oklahoma Juvenile Code, delinquents are under the age of 18 when the crime is committed.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	11. Do you live with an adjudicated delinquent or convicted felon? <i>If yes, provide name, date of birth, and social security number of felon and/or delinquent. _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	12. Are you subject to an outstanding felony warrant?
<input type="checkbox"/> YES <input type="checkbox"/> NO	13. Are you subject to an outstanding misdemeanor or traffic warrant? <i>(This includes bench warrants for failure to appear or failure to pay.)</i>

ASSAULT AND BATTERY

<input type="checkbox"/> YES <input type="checkbox"/> NO	14. Do you have a misdemeanor conviction for assault and battery which caused serious physical injury to the victim?
<input type="checkbox"/> YES <input type="checkbox"/> NO	15. Do you have a misdemeanor charge pending for assault and battery which caused serious physical injury to the victim?
<input type="checkbox"/> YES <input type="checkbox"/> NO	16. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a misdemeanor assault and battery which caused serious physical injury to the victim?
<input type="checkbox"/> YES <input type="checkbox"/> NO	17. Do you have 2 or more misdemeanor convictions for assault and battery?
<input type="checkbox"/> YES <input type="checkbox"/> NO	18. Do you have a misdemeanor charge pending for assault and battery and a previous conviction for assault and battery?
<input type="checkbox"/> YES <input type="checkbox"/> NO	19. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a second misdemeanor assault and battery charge?
<input type="checkbox"/> YES <input type="checkbox"/> NO	20. Do you have a misdemeanor conviction for aggravated assault and battery?
<input type="checkbox"/> YES <input type="checkbox"/> NO	21. Do you have a misdemeanor charge pending for aggravated assault and battery?
<input type="checkbox"/> YES <input type="checkbox"/> NO	22. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for misdemeanor aggravated assault and battery?

DOMESTIC VIOLENCE

<input type="checkbox"/> YES <input type="checkbox"/> NO	23. Do you have a conviction for domestic abuse?
<input type="checkbox"/> YES <input type="checkbox"/> NO	24. Do you have a misdemeanor charge pending for domestic abuse?
<input type="checkbox"/> YES <input type="checkbox"/> NO	25. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for misdemeanor domestic abuse?

STALKING

<input type="checkbox"/> YES <input type="checkbox"/> NO	26. Do you have a misdemeanor conviction for stalking?
<input type="checkbox"/> YES <input type="checkbox"/> NO	27. Do you have a misdemeanor charge pending for stalking?
<input type="checkbox"/> YES <input type="checkbox"/> NO	28. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for misdemeanor stalking?

ALCOHOL / CONTROLLED SUBSTANCES

<input type="checkbox"/> YES <input type="checkbox"/> NO	29. Do you unlawfully use, or are you addicted to, any controlled substance?
<input type="checkbox"/> YES <input type="checkbox"/> NO	30. Do you have a misdemeanor conviction for illegal drug use or possession?
<input type="checkbox"/> YES <input type="checkbox"/> NO	31. Do you have a misdemeanor charge pending for illegal drug use or possession?
<input type="checkbox"/> YES <input type="checkbox"/> NO	32. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a misdemeanor involving illegal drug use or possession?
<input type="checkbox"/> YES <input type="checkbox"/> NO	33. Have you had inpatient treatment for substance abuse in the last 3 years? <i>If you answered "YES", please download the SUBSTANCE ABUSE TREATMENT CERTIFICATION FORM so that your doctor can certify your eligibility. If form is not submitted with application, one will be mailed to you upon receipt of application.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	34. Have you had 2 or more convictions for public intoxication, with the most recent conviction being within the last 3 years?
<input type="checkbox"/> YES <input type="checkbox"/> NO	35. Have you had 2 or more misdemeanor convictions relating to intoxication or driving under the influence of an intoxicating substance or alcohol, with the most recent conviction being within the last 3 years? <i>If you answered "YES", please download the ALCOHOL CONVICTIONS CERTIFICATION FORM so that your doctor can certify your eligibility. If form is not submitted with application, one will be mailed to you upon receipt of application.</i>

PROTECTIVE ORDERS

<input type="checkbox"/> YES <input type="checkbox"/> NO	36. Have you ever had a final victim protective order granted against you?
<input type="checkbox"/> YES <input type="checkbox"/> NO	37. Are you subject to a court order preventing you from harassing, stalking, or threatening an intimate partner or child of an intimate partner?
<input type="checkbox"/> YES <input type="checkbox"/> NO	38. Do you have a misdemeanor conviction for violating a protective order?
<input type="checkbox"/> YES <input type="checkbox"/> NO	39. Do you have a misdemeanor charge pending for violating a protective order?
<input type="checkbox"/> YES <input type="checkbox"/> NO	40. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a misdemeanor for violating a protective order?

IF YOU ANSWERED YES TO QUESTIONS 7 - 40, COMPLETE THE FOLLOWING INFORMATION AND PROVIDE SUPPORTING DOCUMENTS WHERE AVAILABLE:

DATE	CHARGE / ORDER	ARRESTING AGENCY OR COURT OF RECORD <small>(INCLUDE CITY, COUNTY, AND STATE)</small>	DISPOSITION <small>(PLEASE SEND COPIES OF ANY AVAILABLE COURT DOCUMENTS.)</small>

MENTAL HEALTH

<input type="checkbox"/> YES <input type="checkbox"/> NO	41. Have you ever been adjudicated as an incompetent person in a court of law?
<input type="checkbox"/> YES <input type="checkbox"/> NO	42. Have you ever been involuntarily committed for a mental illness, condition, or disorder?
<input type="checkbox"/> YES <input type="checkbox"/> NO	43. In the last 10 years, have you attempted suicide or had other condition(s) relating to or indicating mental instability or an unsound mind?
<input type="checkbox"/> YES <input type="checkbox"/> NO	44. Are you currently undergoing or have you in the last 3 years undergone treatment by a licensed physician for a mental illness, condition or disorder? For purposes of this application, "undergoing treatment for a mental illness, condition, or disorder" means the person has been diagnosed by a licensed physician as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life. <i>If you answer "YES", please download the MENTAL HEALTH CERTIFICATION FORM so that your treating physician can certify your eligibility. If form is not submitted with application, one will be mailed to you upon receipt of the application.</i>

ALL APPLICANTS MUST READ THE FOLLOWING STATEMENTS AND SIGN BELOW.

- A. I AUTHORIZE THE OSBI TO INVESTIGATE ME AND ANY OR ALL RECORDS RELEVANT TO THE LICENSE APPROVAL PROCESS.
- B. I UNDERSTAND THE MAKING OF ANY FALSE OR MISLEADING STATEMENT OR ANSWER, WITH RESPECT TO THIS APPLICATION, IS A CRIME.
- C. I HAVE BEEN FURNISHED A COPY OF THE OKLAHOMA SELF-DEFENSE ACT, AND AM KNOWLEDGEABLE OF ITS PROVISIONS.
- D. I DESIRE A LEGAL MEANS TO CARRY A WEAPON FOR LAWFUL SELF-DEFENSE.
- E. I CERTIFY THAT I AM THE IDENTICAL PERSON WHO COMPLETED THIS APPLICATION, TRAINING COURSE, AND AM THE SUBJECT OF ANY AND ALL REQUIRED DOCUMENTS SUBMITTED AS PART OF THIS APPLICATION.
- F. I HAVE NONE OF THE CONDITIONS WHICH WOULD PRECLUDE THE ISSUING OF A HANDGUN LICENSE PURSUANT TO ANY OF THE PROVISIONS OF TITLE 21 OKLAHOMA STATUTES, §1290.10 AND 21 OKLAHOMA STATUTES, §1290.11.
- G. I MEET ALL OF THE ELIGIBILITY CRITERIA REQUIRED BY 21 OKLAHOMA STATUTES, §1290.9.
- H. MY SIGNATURE AFFIRMS THAT I KNOW THE CONTENTS OF THIS APPLICATION AND THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE



COLOR PHOTOGRAPH SPECIFICATIONS

SAMPLE PHOTOGRAPH

Tape Photo Here
Please Do Not Staple

Tape Photo Here
Please Do Not Staple

TWO COLOR PHOTOGRAPHS ARE REQUIRED FROM ALL APPLICANTS!

- Photographs must be passport size and style.
- Photographs must be color with a light colored background.
- Photographs must show the subject in a frontal portrait as shown above. (NO HATS, NO GLASSES, NOTHING THAT OBSCURES THE FACE)
- Photographs must **NOT** be stained, cracked or mutilated and must lie flat.
- Photographic images must be sharp and correctly exposed; photographs must be un-retouched.
- Photographs must not be pasted on cards or mounted in any way.
- Photographs must be taken within 30 days of the application date.

- Snapshots, Polaroid pictures, group pictures, personally printed photos, or full-length portraits will not be accepted.
- Tape photographs to this form. Do not staple.

IMPORTANT NOTE – Failure to submit photographs in compliance with these specifications will delay processing of your application and can result in denial of application for failure to complete the process.

PLEASE PRINT YOUR FIRST AND LAST NAME AND SOCIAL SECURITY NUMBER ON THE BACK OF YOUR PHOTOGRAPHS BEFORE SUBMITTING.

INITIAL APPLICANTS, EXPIRED RENEWALS (EXPIRED FOR OVER 3 YEARS) AND INSTRUCTORS MUST PROCESS THROUGH THE SHERIFF'S OFFICE IN THE COUNTY OF RESIDENCE AND SUBMIT FINGERPRINT CARDS ALONG WITH THE COMPLETED APPLICATION, PHOTOS AND FEES.

RENEWALS (OTHER THAN INSTRUCTORS) ARE NOT REQUIRED TO SUBMIT FINGERPRINT CARDS AND MAY SUBMIT THE COMPLETED APPLICATION, PHOTOS AND FEE TO THE OSBI DIRECTLY.

FEES COLLECTED FOR OSBI: MONEY ORDER / CASHIERS CHECK CREDIT CARD AMOUNT \$ _____

MONEY ORDER OR CASHIER'S CHECK NO. _____ NO PERSONAL CHECKS WILL BE ACCEPTED. ALL FEES ARE NON-REFUNDABLE.

ACCOUNT NUMBER _____ SECURITY CODE _____ EXPIRATION DATE _____
SECURITY CODE FOR VISA, MASTERCARD & DISCOVER IS 3 DIGITS ON BACK OF CARD. FOR AMERICAN EXPRESS, THE SECURITY CODE IS 4 DIGITS ON FRONT.

NAME ON CREDIT CARD _____ PLEASE PRINT AUTHORIZED SIGNATURE _____

SHERIFF'S INFORMATION FOR SDA INSTRUCTORS AND NEW GENERAL APPLICANTS ONLY – (TO BE COMPLETED BY SHERIFF OR SHERIFF DESIGNEE ONLY).

SHERIFF'S NAME	COUNTY	DATE RECEIVED
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THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISLEADING STATEMENTS MADE TO OBTAIN A HANDGUN LICENSE SHALL, UPON CONVICTION, BE PUNISHED AS PERJURY UNDER OKLAHOMA STATUTES.

I SWEAR UNDER OATH THAT I KNOW THE CONTENTS OF THIS APPLICATION AND THAT THE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT (SIGNATURE MUST BE WITNESSED BY SHERIFF OR DESIGNEE) DATE

SIGNATURE OF SHERIFF OR DESIGNEE DATE TYPE OF IDENTIFICATION PRODUCED: _____

ALL APPLICANTS MUST SHOW A VALID DRIVERS LICENSE OR STATE ISSUED IDENTIFICATION CARD.

SHERIFF CHECK LIST: SIGNED APPLICATION FINGERPRINT CARDS LOCAL AGENCY CHECK PHOTOS TRAINING CERTIFICATE FEE