



# **Address Change Form** **for Concealed Handgun License** **Umatilla County Sheriff's Office • Terry L. Rowan**

4700 NW Pioneer Place • Pendleton, OR 97801 • (541) 966-3680 • [www.co.umatilla.or.us/Sheriff/Civil/CHL](http://www.co.umatilla.or.us/Sheriff/Civil/CHL)

### **Appointment Needed or Mail**

**Used Only If you have a valid Umatilla County SO CHL and you moved inside Umatilla County**

Schedule an appointment online at [www.co.umatilla.or.us/Sheriff/Civil/CHL](http://www.co.umatilla.or.us/Sheriff/Civil/CHL) or call 541-966-3680

This form can be also be Mailed to Above Address, Include \$15 check with a copy of your Driver's License

Notify DMV before changing your CHL address

Full Legal Name: **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Current RESIDENTIAL Street Address:

MAILING ADDRESS:

\_\_\_\_\_  
Numbers and Street Name

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

Phone # \_\_\_\_\_ Email Address (optional) \_\_\_\_\_

### PREVIOUS ADDRESS:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<p><b>Initial</b></p> <p><input type="checkbox"/></p>	<p>I have read the entire text of and understand this application, and the statements therein are correct and true. I further understand that making false statements on this application is a <b>MISDEMEANOR</b> crime, and that I am subject to prosecution and automatic denial or revocation. All payments are non-refundable.</p>
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Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<b>For Sheriff's Office Use Only</b>	
<b>DL Number:</b> _____	<b>Exp</b> _____
<b>APPLICATION TYPE:</b> <input type="checkbox"/> ADDRESS CHANGE \$15	