# Duplicate 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**

**Appointment Optional - Used to Replace Lost or Stolen CHL**

Schedule an appointment online at 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.**
**If your entire photo ID was stolen or lost, visit our office in person and we can still assist you.**

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) _____________________________________

| **Initial** | |
|---|---|
| ☐ | 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 **MISDEMEANOR** crime, and that I am subject to prosecution and automatic denial or revocation. All payments are non-refundable. |

**Signature of Applicant:** ______________________________________________ **Date Signed**: _______________

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**DL Number:** ______________________ **Exp**________

**APPLICATION TYPE:** ☐DUPLICATE $15



UCSO CHL DUPLICATE (11-2017) Previous Versions are Obsolete