

OKLAHOMA STATE BUREAU OF INVESTIGATION

APPLICATION FOR SELF-DEFENSE ACT LICENSE



LEAVE BLANK. FOR OSBI USE ONLY.

SDA FILE NUMBER:

SDA RECEIPT NUMBER:

DATE RECEIVED:

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) 879-2677

ALL INFORMATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED. (PLEASE PRINT CLEARLY IN BLACK OR BLUE INK).

CHECK APPROPRIATE BOXES. **HAVE YOU PREVIOUSLY SUBMITTED AN OKLAHOMA HANDGUN LICENSE APPLICATION?** YES NO

APPLICANT TYPE PERSONAL INSTRUCTOR		Instructors must include copy of CLEET- issued SDA Instructor Certificate.	APPLICATION TYPE INITIAL APPLICATION -- NEW LICENSE APPLICATIONS MUST BE SUBMITTED THROUGH YOUR SHERIFF'S OFFICE. RENEWAL APPLICATION (EXPIRED LESS THAN 3 YEARS) EXPIRED RENEWAL (EXPIRED 3 OR MORE YEARS) -- MUST BE SUBMITTED THROUGH YOUR SHERIFF'S OFFICE. PREVIOUS LICENSE HOLDERS, PLEASE ENTER SDA # OR SDA LICENSE # & EXPIRATION DATE, IF KNOWN.	
TYPE OF HANDGUN (Check all that apply.) DERRINGER REVOLVER SEMI-AUTOMATIC			EXP. DATE: _____	
First time applicants only: please provide original, signed, training certificate indicating weapon type authorized for carry.				
FIVE YEAR TERM TEN YEAR TERM		(See Application Fees on Page 4.)		

APPLICANT INFORMATION									
NAME (LAST, FIRST MIDDLE)			SOCIAL SECURITY NUMBER*			MAIDEN NAME / NICKNAMES / PREVIOUS LAST NAME(S)			
DATE OF BIRTH	PLACE OF BIRTH (STATE OR COUNTRY)	SEX	RACE	HEIGHT (FEET/INCHES)	WEIGHT (POUNDS)	EYE COLOR	HAIR COLOR	PHONE NUMBER	
	IF BORN OUTSIDE OF THE U.S., PLEASE INCLUDE PROOF OF CITIZENSHIP.	MALE FEMALE						HOME ()	CELL ()
CURRENT DRIVER LICENSE NUMBER (OR STATE ISSUED ID CARD)			MILITARY SERVICE NUMBER			LAW ENFORCEMENT IDENTIFICATION NUMBERS (BADGE, EMPLOYEE, ETC.)			
STATE			INCLUDE COPY OF DD214 OR CURRENT ORDERS						
IF LICENSE OR STATE ID CARD WAS ISSUED OUTSIDE THE STATE OF OKLAHOMA, PROVIDE CURRENT MILITARY ORDERS INDICATING OKLAHOMA AS PERMANENT DUTY STATION.									

EMPLOYMENT					
IF EMPLOYED, PLEASE COMPLETE EMPLOYER INFORMATION BELOW		UNEMPLOYED	RETIRED	STUDENT	DISABLED
NAME OF PRESENT EMPLOYER			OCCUPATION / JOB TITLE		
PRESENT EMPLOYER'S ADDRESS		CITY	STATE	ZIP CODE	EMPLOYER'S PHONE NUMBER ()

ADDRESS INFORMATION				
MAILING ADDRESS	CITY	STATE	ZIP CODE	YEARS AND MONTHS AT CURRENT PHYSICAL ADDRESS ____ YEARS ____ MONTHS
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	
COUNTY OF CURRENT RESIDENCE	EMAIL ADDRESS (OPTIONAL)		IF LESS THAN 3 YEARS AT CURRENT PHYSICAL ADDRESS, 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

* Inclusion of your social security number (SSN) is optional. Failure to provide your complete 9-digit SSN will not constitute grounds for denial. OSBI requires a minimum of the last 4 digits of your SSN to verify identity and ensure you have no arrests, convictions, or warrants that would make you ineligible for an SDA license. Failure to include your complete 9-digit SSN may delay processing of your application.

THE FOLLOWING QUESTIONS WILL BE USED TO DETERMINE IF AN 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.

YES	NO	1. Are you a U.S. citizen?	
YES	NO	2. Are you currently or have you previously served in the U.S. Military? <i>(If yes, please provide a copy of your current military orders or DD214 for most recent discharge, if available. Please indicate which branch of service here. _____)</i>	
YES	NO	3. Do you have an Oklahoma Driver License or Oklahoma State Identification Card?	
YES	NO	N/A	4. If you answered "NO" to the previous question, are you or your spouse active duty military permanently stationed within Oklahoma? <i>(If yes, please provide a copy of the current orders.)</i>
YES	NO	5. Do you maintain a residence in the state of Oklahoma?	
YES	NO	6. Have you ever received a dishonorable discharge from the military?	

FELONIES

YES	NO	7. Do you have a felony conviction?	
YES	NO	8. Do you currently have a felony charge pending?	
YES	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?	
YES	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>	
YES	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 and where the offense occurred. _____</i>	
YES	NO	12. Are you subject to an outstanding felony warrant?	
YES	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

YES	NO	14. Do you have a misdemeanor conviction for assault and battery which caused serious physical injury to the victim? <i>If yes, what is your relationship to the victim: _____</i>	
YES	NO	15. Do you have a misdemeanor charge pending for assault and battery which caused serious physical injury to the victim? <i>If yes, what is your relationship to the victim: _____</i>	
YES	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? <i>If yes, what is your relationship to the victim: _____</i>	
YES	NO	17. Do you have 2 or more misdemeanor convictions for assault and battery? <i>If yes, what is your relationship to the victim: _____</i>	
YES	NO	18. Do you have a misdemeanor charge pending for assault and battery and a previous conviction for assault and battery? <i>If yes, what is your relationship to the victim: _____</i>	
YES	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? <i>If yes, what is your relationship to the victim: _____</i>	
YES	NO	20. Do you have a misdemeanor conviction for aggravated assault and battery? <i>If yes, what is your relationship to the victim: _____</i>	
YES	NO	21. Do you have a misdemeanor charge pending for aggravated assault and battery? <i>If yes, what is your relationship to the victim: _____</i>	
YES	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? <i>If yes, what is your relationship to the victim: _____</i>	

DOMESTIC VIOLENCE

YES	NO	23. Do you have a conviction for an act of domestic abuse?	
YES	NO	24. Do you have a misdemeanor charge pending for an act of domestic abuse?	
YES	NO	25. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a misdemeanor act of domestic abuse?	

STALKING

YES	NO	26. Do you have a misdemeanor conviction for stalking?
YES	NO	27. Do you have a misdemeanor charge pending for stalking?
YES	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

YES	NO	29. Do you unlawfully use, or are you addicted to, any controlled substance?
YES	NO	30. Do you have a misdemeanor conviction relating to illegal drug use or possession within the last 10 years? <i>(This includes possession of drug paraphernalia.)</i>
YES	NO	31. Do you have a misdemeanor charge pending for illegal drug use or possession? <i>(This includes possession of drug paraphernalia.)</i>
YES	NO	32. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a misdemeanor relating to illegal drug use or possession? <i>(This includes possession of drug paraphernalia.)</i>
YES	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>
YES	NO	34. Have you had 2 or more convictions for public intoxication, with the most recent conviction being within the last 3 years?
YES	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

YES	NO	36. Have you ever had a final victim protective order granted against you? <i>If yes, what is your relationship to the victim: _____</i>
YES	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?
YES	NO	38. Do you have a misdemeanor conviction for violating a protective order? <i>If yes, what is your relationship to the victim: _____</i>
YES	NO	39. Do you have a misdemeanor charge pending for violating a protective order? <i>If yes, what is your relationship to the victim: _____</i>
YES	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? <i>If yes, what is your relationship to the victim: _____</i>

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

YES	NO	41. Have you ever been adjudicated as an incompetent person in a court of law?
YES	NO	42. Have you ever been involuntarily committed for a mental illness, condition, or disorder?
YES	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?
YES	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.

<p>A. I AUTHORIZE THE OSBI TO INVESTIGATE ME AND ANY OR ALL RECORDS RELEVANT TO THE LICENSE APPROVAL PROCESS.</p> <p>B. I UNDERSTAND THE MAKING OF ANY FALSE OR MISLEADING STATEMENT OR ANSWER, WITH RESPECT TO THIS APPLICATION, IS A CRIME.</p> <p>C. I HAVE BEEN FURNISHED A COPY OF THE OKLAHOMA SELF-DEFENSE ACT, AND AM KNOWLEDGEABLE OF ITS PROVISIONS.</p> <p>D. I DESIRE A LEGAL MEANS TO CARRY A WEAPON FOR LAWFUL SELF-DEFENSE.</p> <p>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.</p> <p>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.</p> <p>G. I MEET ALL OF THE ELIGIBILITY CRITERIA REQUIRED BY 21 OKLAHOMA STATUTES, §1290.9.</p> <p>H. MY SIGNATURE AFFIRMS THAT I KNOW THE CONTENTS OF THIS APPLICATION AND THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.</p>	<p>X</p>
<p>_____</p> <p>PRINTED NAME OF APPLICANT</p>	<p>_____</p> <p>SIGNATURE OF APPLICANT</p>
<p>_____</p> <p>DATE</p>	



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!

- Tape photographs to this form. Do not staple.
- Photographs must be passport size and style.
- Photographs must be color with a solid background.
- Photographs must show the subject in a frontal portrait as shown above. (No hats, glasses, or other items that obscure the face)
- Photographs must **NOT** be stained or mutilated and must lie flat.
- Photographs must be taken within 30 days of the application date.
- Photographic images must be sharp, correctly exposed and un-retouched.
- Snapshots, Polaroid pictures, group pictures, personally printed photos, or full-length portraits will not be accepted.

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 LAST 4 DIGITS OF SSN ON BACK OF PHOTOGRAPHS BEFORE SUBMITTING.

(NO PERSONAL CHECKS WILL BE ACCEPTED)

APPLICATION FEES

(ALL FEES ARE NON-REFUNDABLE)

NEW APPLICANTS, FIRST TIME INSTRUCTORS AND EXPIRED RENEWALS (EXPIRED 3 OR MORE YEARS):

Must process through the Sheriff's Office in the county of residence and submit the fingerprint cards, along with the completed application, photos, and fees.

FIVE YEAR TERM	TEN YEAR TERM
<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
MONEY ORDER OR CASHIER CHECK	MONEY ORDER OR CASHIER CHECK
NO: _____	NO: _____

FIVE YEAR TERM	TEN YEAR TERM
<input type="checkbox"/> \$85	<input type="checkbox"/> \$170
MONEY ORDER OR CASHIER CHECK	MONEY ORDER OR CASHIER CHECK
NO: _____	NO: _____

First time applicants must submit original certificate(s) demonstrating successful completion of firearms safety and training and demonstration of competency with a firearm.

RENEWALS (EXPIRED LESS THAN 3 YEARS):

May submit the completed application, photos and fee to the OSBI directly. Fingerprints are not required.

PERSONAL	
FIVE YEAR TERM	TEN YEAR TERM
<input type="checkbox"/> \$85	<input type="checkbox"/> \$170
MONEY ORDER OR CASHIER CHECK	MONEY ORDER OR CASHIER CHECK
NO: _____	NO: _____

INSTRUCTOR	
FIVE YEAR TERM	TEN YEAR TERM
<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
MONEY ORDER OR CASHIER CHECK	MONEY ORDER OR CASHIER CHECK
NO: _____	NO: _____

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

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.

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

DATE

X _____
SIGNATURE OF SHERIFF OR DESIGNEE

DATE

TYPE OF IDENTIFICATION PRODUCED: _____

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

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