



CLERMONT COUNTY SHERIFF'S OFFICE
Instructions for
Concealed Handgun License
RENEWAL



A License may be renewed up to 90 days prior to the expiration date, or anytime after the expiration date.

You must be a resident of Clermont, Brown, Clinton, Warren, or Hamilton County to renew your license at our office

1. **PRINT** all required information on the application, and sign where indicated. Applicants must come to our Office at 4470 State Route 222, Batavia OH 45103 to renew and receive their license. It is **NOT** necessary to attach a photograph to your renewal application.

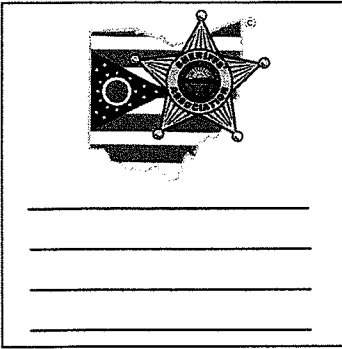
2. If you are renewing your license for the **FIRST** time, it is **NOT** necessary to attach a copy of your training certificate to your renewal application; presenting your Concealed handgun License is sufficient. For your **SECOND** renewal and subsequent renewals, you will be required to show proof of additional firearms training).

3. If you are a **retired** peace officer, **retired** state trooper, or **retired** federal law enforcement officer, there is no renewal fee. You must bring in a letter or other documentation verifying retirement. Other applicants who have been residents of Ohio for **FIVE CONSECUTIVE YEARS OR MORE** must pay a NON-Refundable **\$50.00** fee with the application in the form of **cash (exact amount)**, **money order**, or **cashier's/certified check** (NO uncertified personal or business checks will be accepted). If you have not been an Ohio resident **FOR THE LAST FIVE CONSECUTIVE YEARS**, the NON-refundable application fee is **\$74.00**. Make the money order/certified/cashier's check payable to: CCSO CCW License Fund.

4. Applications are accepted **Monday, Wednesday, and Friday from 9:00 a.m. to 4:00 p.m. and Tuesday , Thursday from 9:00 a.m. to 6:30 p.m. (excluding Holidays)**. Applicants will have their application processed on a first come-first served basis. **Applicants must bring a state issued photo ID (e.g. driver's license) and your Concealed Handgun License. DO NOT CALL OUR OFFICE** to check on your status unless you fail to hear from us for at least five (5) weeks. Ohio law allows up to 45 days for processing applications; we make every effort to complete the process as quickly as possible.

NOTE: Before submitting your application and NON-refundable fee you should, to the extent possible, insure you are legally qualified to receive a concealed carry license. Ohio's law contains a number of disqualifying factors, primarily for reasons of residency, training, and criminal history. We can't provide legal advice or assessment of individual applications. If you have doubt about your qualifications, speak with an attorney.

You can receive more information concerning the Ohio Concealed Carry renewal process at www.clermontsheriff.org or by contacting Deputy Rob Cordes at (513) 732-7508.



State of Ohio
Application to Renew a License to Carry a Concealed Handgun

RICHARD CORDRAY
www.OhioAttorneyGeneral.gov

O.R.C. 2923.1210
Type or Print in Ink

Issuing Agency Use Only

License #: Fee Collected:
Date Issued: Receipt#:
Type: Original Renewal

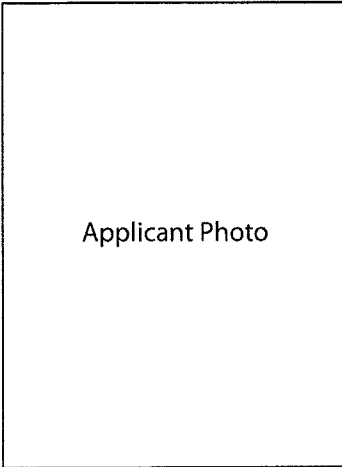


SECTION I

This application will not be processed unless all applicable questions have been answered and until all required supporting documents as described in division (B) or (F) of section 2923.125 of the Ohio Revised Code and, unless waived, a cashier's check, certified check, or money order in the amount of the applicable license fee or license renewal fee have been submitted. FEES ARE NONREFUNDABLE.

SECTION II

Name of Applicant: Last First Middle
County of Residence: Date of Birth: MM/DD/YYYY
Current Residence: Street City State Zip
Mailing Address (If Different From Above): Street City State Zip
Social Security Number: Place of Birth:
Residence Telephone Number: Sex of Applicant: Male Female
Race/National Origin of Applicant: American Indian/ Alaskan Asian/Pacific Islander
Black Hispanic White Other



SECTION III

ANSWER THE FOLLOWING QUESTIONS.

- (1) (a) Are you legally living in the United States? YES NO
(b) Have you been a resident of Ohio for at least forty-five days and have you been a resident for thirty days of the county with whose sheriff you are filing this application or of a county adjacent to that county? YES NO
(2) Are you at least twenty-one years of age? YES NO
(3) Are you a fugitive from justice? YES NO
(4) Are you under indictment for a felony, or, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you ever been convicted of or pleaded guilty to a felony, or, except for a delinquent child adjudication the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you ever been adjudicated a delinquent child for committing an act that would be a felony if committed by an adult? YES NO

SECTION III, continued

- (5) Are you under indictment for or otherwise charged with, or, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you ever been convicted of or pleaded guilty to, an offense under Chapter 2925., 3719., or 4729. of the Ohio Revised Code that involves the illegal possession, use, sale, administration, or distribution of or trafficking in a drug of abuse, or, except for a delinquent child adjudication the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you ever been adjudicated a delinquent child for committing an act that would be an offense of that nature if committed by an adult?..... YES NO
- (6) Are you under indictment for or otherwise charged with, or, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you been convicted of or pleaded guilty to within three years of the date of this application, a misdemeanor that is an offense of violence or the offense of possessing a revoked or suspended concealed handgun license, or, except for a delinquent child adjudication the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you been adjudicated a delinquent child within three years of the date of this application for committing an act that would be a misdemeanor of that nature if committed by an adult?..... YES NO
- (7) Are you under indictment for or otherwise charged with, or, except for a conviction or guilty plea the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you been convicted of or pleaded guilty to within ten years of the date of this application, resisting arrest, or, except for a delinquent child adjudication the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you been adjudicated a delinquent child for committing, within ten years of the date of this application an act that if committed by an adult would be the offense of resisting arrest?..... YES NO
- (8) (a) Are you under indictment for or otherwise charged with assault or negligent assault?..... YES NO
- (b) Have you been convicted of, pleaded guilty to, or adjudicated a delinquent child two or more times for committing assault or negligent assault within five years of the date of this application?..... YES NO
- (c) Except for a conviction, guilty plea, or delinquent child adjudication the records of which a court has ordered sealed or expunged or relative to which a court has granted relief from disability pursuant to section 2923.14 of the Revised Code, have you ever been convicted of, pleaded guilty to, or adjudicated a delinquent child for assaulting a peace officer?..... YES NO
- (9) (a) Have you ever been adjudicated as a mental defective?..... YES NO
- (b) Have you ever been committed to a mental institution?..... YES NO
- (10) Are you currently subject to a civil protection order, a temporary protection order, or a protection order issued by a court of another state?..... YES NO
- (11) Are you currently subject to a suspension imposed under division (A)(2) of section 2923.128 of the Revised Code of a license to carry a concealed handgun, or a temporary emergency license to carry a concealed handgun, that previously was issued to you?..... YES NO

SECTION IV

YOU MUST COMPLETE THIS SECTION OF THE APPLICATION BY PROVIDING, TO THE BEST OF YOUR KNOWLEDGE, THE ADDRESS OF EACH PLACE OF RESIDENCE AT WHICH YOU RESIDED AT ANY TIME AFTER YOU LAST APPLIED FOR AN OHIO CONCEALED HANDGUN LICENSE THROUGH THE TIME YOU COMMENCED YOUR RESIDENCE AT THE LOCATION IDENTIFIED IN SECTION II OF THIS FORM, AND THE DATES OF RESIDENCE AT EACH OF THOSE ADDRESSES. IF YOU NEED MORE SPACE, COMPLETE AN ADDITIONAL SHEET WITH THE RELEVANT INFORMATION, ATTACH IT TO THE APPLICATION, AND NOTE THE ATTACHMENT AT THE END OF THIS SECTION.

Residence 1:

Street Address _____ City _____ State _____ Zip _____ County _____

Dates of residence at this address _____

Residence 2:

Street Address _____ City _____ State _____ Zip _____ County _____

Dates of residence at this address _____

Residence 3:

Street Address _____ City _____ State _____ Zip _____ County _____

Dates of residence at this address _____

Residence 4:

Street Address _____ City _____ State _____ Zip _____ County _____

Dates of residence at this address _____

SECTION V

YOU MUST COMPLETE THIS SECTION OF THE APPLICATION BY ANSWERING THE QUESTION POSED IN PART (1) AND, IF THE ANSWER TO THE QUESTION IS "YES," BY PROVIDING IN PART (2) THE INFORMATION SPECIFIED. IF YOU NEED MORE SPACE, COMPLETE AN ADDITIONAL SHEET WITH THE RELEVANT INFORMATION, ATTACH IT TO THE APPLICATION, AND NOTE THE ATTACHMENT AT THE END OF THIS SECTION.

(1) Have you previously applied in any county in Ohio or in any other state for a license to carry a concealed handgun or a temporary emergency license to carry a concealed handgun?..... YES NO

(2) If your answer to the question in part (1) of this section of the application is "yes," you must complete this part by listing each county in Ohio, and each other state, in which you previously applied for either type of license Am. Sub. H. B. No. 1 128th G.A. 940 and, to the best of your knowledge, the date on which you made the application.

Previous application made in _____ on _____ .
Ohio County or Other State Application Date

Previous application made in _____ on _____ .
Ohio County or Other State Application Date

Previous application made in _____ on _____ .
Ohio County or Other State Application Date

Previous application made in _____ on _____ .
Ohio County or Other State Application Date

SECTION VI

AN APPLICANT WHO KNOWINGLY GIVES A FALSE ANSWER TO ANY QUESTION OR SUBMITS FALSE INFORMATION ON, OR A FALSE DOCUMENT WITH THE APPLICATION MAY BE PROSECUTED FOR FALSIFICATION TO OBTAIN A CONCEALED HANDGUN LICENSE, A FELONY OF THE FOURTH DEGREE, IN VIOLATION OF SECTION 2921.13 OF THE OHIO REVISED CODE.

- (1) I have read the pamphlet that explains the Ohio firearms laws, that provides instruction in dispute resolution and explains the Ohio laws related to that matter, and that provides information regarding all aspects of the use of deadly force with a firearm, and I am knowledgeable of the provisions of those laws and of the information on those matters.
- (2) I desire a legal means to carry a concealed handgun for defense of myself or a member of my family while engaged in lawful activity.
- (3) I have never been convicted of or pleaded guilty to a crime of violence in the state of Ohio or elsewhere (if you have been convicted of or pleaded guilty to such a crime, but the records of that conviction or guilty plea have been sealed or expunged by court order or a court has granted relief pursuant to section 2923.14 of the Revised Code from the disability imposed pursuant to section 2923.13 of the Revised Code relative to that conviction or guilty plea, you may treat the conviction or guilty plea for purposes of this paragraph as if it never had occurred). I am of sound mind. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to penalties prescribed by law. I authorize the sheriff or the sheriff's designee to inspect only those records or documents relevant to information required for this application.
- (4) The information contained in this application and all attached Am. Sub. H. B. No. 1 128th G.A. 941 documents are true and correct to the best of my knowledge.

 Signature of Applicant _____
 Date

TO BE COMPLETED BY THE ISSUING AUTHORITY ONLY

Certificate of Competency: Original Renewal Prior Equivalent

If Original or Renewal, date Certificate issued: _____ Entity Name: _____
 Instructor Name: _____ ID #: _____ (OPOTC or NRA ID #)

If Prior Equivalent, what type: Law Enforcement Retirement date: _____

What documents have been provided to evidence Prior Equivalent Training Experience: _____

Military • Active/Reserve provide Active Duty credentials
 • Retired/Honorable Discharge date: _____

What documents have been provided to evidence Prior Equivalent Training Experience: _____

Does Competency Certification provided meet the requirements specified in 2923.125(B)(3)(a)-(f)? Yes No

Application received: _____ Date _____ By: _____ Name of Intake Person _____

Application review is to be completed by: _____ Date _____ Application reviewed by: _____ Name of Reviewer/Date _____

Foreign notification sent: _____ Date _____ Foreign notification response received: _____ Date _____

Background completed: _____ Date _____ Background records destroyed: _____ Date _____ By: _____ Name _____

Approved date: _____

Process suspended date: _____ Reason: _____

Denied date: _____ Reason: _____

LEADS entry date: _____ Entry #: _____ By: _____ Name _____