

**OKLAHOMA STATE  
BUREAU OF INVESTIGATION  
INFORMATION SERVICES DIVISION  
SELF-DEFENSE ACT  
LICENSING UNIT**



**APPLICATION FOR  
SELF-DEFENSE ACT  
LICENSE**

**This Packet Contains:  
General Information and Instructions for Application Completion  
Application – Self-Defense Act License  
Fingerprint Cards and Instructions (if applicable)  
Photograph Specifications and Instructions  
State Statutes  
Return Envelope**

**OSBI  
Self Defense Act Unit  
6600 North Harvey Place  
Oklahoma City OK 73116  
[sda@osbi.state.ok.us](mailto:sda@osbi.state.ok.us)  
(405) 879-2690  
Toll Free (800) 207-6724  
Fax - (405) 840-8485**



# COLOR PHOTOGRAPH SPECIFICATIONS

**SAMPLE PHOTOGRAPH**

[ **Peel and Stick for photos** ]

## 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 SUNGLASSES)
- Photographs must **NOT** be stained, cracked or mutilated and must lie flat.
- Photograph image must be sharp and correctly exposed; photograph 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.
  - Attach photographs to "peel and stick" area above.
- IMPORTANT NOTE** – Failure to submit photographs in compliance with these specifications will delay the processing of your application. **PRINT YOUR FIRST AND LAST NAME AND SOCIAL SECURITY NUMBER ON THE BACK OF YOUR PHOTOGRAPHS BEFORE SUBMITTING.**

## FINGERPRINT CARD INSTRUCTIONS

### NEW APPLICANTS, EXPIRED RENEWALS (MORE THAN 3 YEARS) AND INSTRUCTORS ONLY

(RENEWAL APPLICANTS ARE NOT REQUIRED TO BE FINGERPRINTED AND CAN SUBMIT THEIR APPLICATION DIRECTLY TO THE OSBI)

- The enclosed fingerprint cards are for your use in applying for a Self-Defense Act license only.
- You must take the fingerprint cards to your sheriff's office when submitting your completed application form. An employee of the sheriff's office in the county where you reside must take your fingerprints. Your local sheriff's office will initiate the application process and submit all required documents to the OSBI for processing.
- The **top portion of the fingerprint card must be completed** in order for OSBI and FBI to process the card. If an employee of the sheriff's office does not fill out the top portion of the card for you, you are responsible for filling it out with all information applicable to you.
- The following specific instructions should be followed:
  - ⇒ Fingers should be washed and dried thoroughly prior to prints being taken.
  - ⇒ Do not sign the fingerprint card until you are in the presence of the person who will take your fingerprints.
  - ⇒ **The fingerprint card must be typed or filled out in black ink.**
  - ⇒ Your name, at the top of the fingerprint card, and all other information should be typed or printed clearly.
  - ⇒ The sections titled Date of Birth DOB, Place of Birth POB, SEX, RACE, HGT (height), WGT (weight), EYES, HAIR must all be filled out.
  - ⇒ RACE – use W for White, B for Black, A for Asian, I for Native American, U for other. **DO NOT USE THE LETTER "C."**
  - ⇒ HGT – use feet and inches. Do not use total inches.
  - ⇒ EYES and HAIR – To describe color of eyes and hair, use appropriate three-letter code from the following list:

<u>COLOR</u>	<u>CODE</u>	<u>COLOR</u>	<u>CODE</u>
Brown	BRO	Blue	BLU (Eye Only)
Black	BLK (Hair Only)	Green	GRN (Eye Only)
Blond or Strawberry	BLN (Hair Only)	Hazel	HAZ (Eye Only)
Red or Auburn	RED (Hair Only)	White	WHI (Hair Only)
Sandy	SND (Hair Only)	Gray or Partially Gray	GRY
Bald	BAL (Hair Only)	BAL (Hair Only)- to be used when subject has lost most of the hair on top of the head.	

- ⇒ The section titled Citizenship CTZ is for your citizenship – U.S., Cuba, Canada, etc. Only U.S. Citizens are eligible.
- ⇒ The section titled Armed Forces No. MNU is for your military service number if you have one.
- ⇒ The section titled Social Security No. SQC is for your social security number, and is very important.
- ⇒ **Do not** fill out the sections titled:

Your No. OCA  
 FBI No. FBI  
 Reason Fingerprinted

**DO NOT FOLD OR DAMAGE THE FINGERPRINT CARDS IN ANY WAY. THE FINGERPRINT CARDS CANNOT BE PROCESSED IF THEY HAVE BEEN FOLDED, CREASED, OR DAMAGED.**

LEAVE BLANK FOR OSBI USE ONLY

# APPLICATION FOR SELF-DEFENSE ACT LICENSE

**CHECK APPROPRIATE BOX      IMPORTANT – REVIEW ENCLOSED INSTRUCTIONS BEFORE COMPLETING APPLICATION**

<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	<input type="checkbox"/> RENEWAL LICENSE APPLICATION <input type="checkbox"/> FIVE YEAR TERM - \$85 <input type="checkbox"/> TEN YEAR TERM - \$170 FOR LICENSE RENEWAL, ENTER CURRENT LICENSE # <div style="display: flex; justify-content: space-around; width: 100%;"> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></span> </div>	<input type="checkbox"/> INSTRUCTOR APPLICATION - \$100 (FIVE YEAR TERM ONLY)  <i>These prices and terms are effective November 1, 2007. Please check the law book for any changes.</i>
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**ALL INFORMATION MUST BE COMPLETED. INCOMPLETE APPLICATION WILL BE RETURNED. APPLICANT INFORMATION (PLEASE PRINT CLEARLY IN BLACK INK).**

NAME LAST			FIRST			MIDDLE			SOCIAL SECURITY NUMBER			MAIDEN NAME AND/OR NICKNAMES		
DATE OF BIRTH		PLACE OF BIRTH (CITY AND STATE)			SEX	RACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	PHONE NUMBER (    )			
<small>IF BORN OUTSIDE OF THE U.S., PLEASE INCLUDE PROOF OF CITIZENSHIP.</small>														
MAILING ADDRESS				CITY	STATE	ZIP CODE	COUNTY	YRS/MOS AT CURRENT ADDRESS	OKLA. RESIDENT YES / NO	UNITED STATES CITIZEN YES / NO <small>(U.S. CITIZENSHIP IS REQUIRED)</small>				
PHYSICAL ADDRESS				CITY	STATE	ZIP CODE	COUNTY	CURRENT DRIVERS LICENSE NUMBER  STATE						
TYPE OF HANDGUN – CIRCLE ALL THAT APPLY  DERRINGER      REVOLVER      SEMI-AUTOMATIC						MILITARY SERVICE NUMBER			LAW ENFORCEMENT IDENTIFICATION NUMBERS (BADGE, EMPLOYEE, ETC.)					

PREVIOUS ADDRESSES FOR THE LAST 3 YEARS (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)													
PHYSICAL ADDRESS				CITY	STATE	ZIP CODE	PHYSICAL ADDRESS				CITY	STATE	ZIP CODE

PRESENT EMPLOYER INFORMATION – (Please state if unemployed, retired, etc.)						OCCUPATION / JOB TITLE					
PRESENT EMPLOYER'S ADDRESS						CITY	STATE	ZIP CODE	PHONE NUMBER		

**ALL APPLICANTS MUST CIRCLE "YES" OR "NO." CAUTION: FAILURE TO DISCLOSE ALL ARRESTS, CHARGES OR CONVICTIONS, FELONY OR MISDEMEANOR, WILL RESULT IN DENIAL OF THE APPLICATION.**

<b>YES / NO</b>	HAVE YOU EVER BEEN, AS AN ADULT OR JUVENILE, ARRESTED, CHARGED OR CONVICTED OF ANY CRIME, FELONY OR MISDEMEANOR (IN THIS STATE OR ANY OTHER STATE OR COUNTRY)? IF YES, PROVIDE INFORMATION REQUESTED BELOW, ATTACH ADDITIONAL SHEETS IF NECESSARY.										
DATE	CHARGE	LOCATION – CITY, COUNTY, STATE					DISPOSITION (PLEASE SEND COPIES OF ANY AVAILABLE COURT DOCUMENTS)				

**IF THIS IS A RENEWAL APPLICATION AND NO ARRESTS HAVE OCCURRED SINCE YOUR PREVIOUS APPLICATION, INDICATE BY STATING "NO CHANGE" IN THE BLOCK ABOVE.**

ALL APPLICANTS MUST CIRCLE "YES" OR "NO" TO ALL QUESTIONS BELOW. IF YES, EXPLAIN AND PROVIDE DOCUMENTATION. REVIEW TITLE 21 §1290.10 – 11 IN YOUR LAW BOOK FOR SDA LICENSE PRECLUSIONS.	
YES / NO	HAVE YOU EVER ATTEMPTED SUICIDE OR HAD A CONDITION RELATING TO OR INDICATING MENTAL INSTABILITY, BEEN ADJUDICATED AS INCOMPETENT OR COMMITTED TO A MENTAL INSTITUTION?
YES / NO	ARE YOU CURRENTLY UNDERGOING TREATMENT FOR A MENTAL ILLNESS, CONDITION OR DISORDER?
YES / NO	HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OFFENSE IN THIS STATE OR ANY OTHER STATE OR FEDERAL JURISDICTION?
YES / NO	HAVE YOU BEEN ADJUDICATED FOR A FELONY OFFENSE IN THIS STATE WITHIN THE PAST 10 YEARS? (THIS REFERS TO ACTIONS TAKEN WHILE UNDER THE AGE OF 18).
YES / NO	HAVE YOU EVER BEEN CONVICTED OF MAKING A FALSE OR MISLEADING STATEMENT ON AN APPLICATION FOR A HANDGUN LICENSE?
YES / NO	HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE RELATING TO ILLEGAL DRUG USE OR POSSESSION?
YES / NO	DO YOU HAVE ANY FELONY CHARGES PENDING IN THIS STATE OR ANY OTHER STATE IN THE COUNTRY?
YES / NO	ARE YOU NOW OR HAVE YOU IN THE LAST 30 DAYS RESIDED WITH AN ADJUDICATED DELINQUENT OR A CONVICTED FELON?

**ALL APPLICANTS MUST CIRCLE YES OR NO TO ALL QUESTIONS BELOW. REVIEW TITLE 21§1290.11 IN YOUR LAW BOOK FOR SDA LICENSE PRECLUSIONS.**

HAVE YOU HAD ANY OF THESE CONDITIONS **IN THE LAST 3 YEARS?** IF YES, EXPLAIN AND PROVIDE DOCUMENTATION.

- YES / NO RECEIVED A DEFERRED SENTENCE (OR DEFERRED PROSECUTION) IN THIS STATE OR ANY OTHER FOR THE COMMISSION OF A FELONY OFFENSE?
- YES / NO HAD TREATMENT FOR A MENTAL ILLNESS, CONDITION OR DISORDER WHICH REQUIRED MEDICATION OR SUPERVISION?
- YES / NO RECEIVED INPATIENT TREATMENT FOR SUBSTANCE ABUSE?
- YES / NO HAD A SECOND OR SUBSEQUENT MISDEMEANOR CONVICTION RELATING TO INTOXICATION, PUBLIC INTOXICATION OR DRIVING UNDER THE INFLUENCE?
- YES / NO HAD A VICTIM PROTECTION ORDER FILED AGAINST YOU, OR AN ACTION PENDING IN THIS STATE OR ANY OTHER STATE?

**IN THE LAST 3 YEARS** HAVE YOU HAD AN ARREST, CHARGES PENDING OR DEFERED SENTENCE OR PROSECUTION IN THIS STATE OR ANY OTHER STATE FOR

- YES / NO ANY ASSAULT AND BATTERY, WHICH CAUSED SERIOUS PHYSICAL INJURY TO THE VICTIM?
- YES / NO A SECOND OR SUBSEQUENT ASSAULT AND BATTERY?
- YES / NO AGGRAVATED ASSAULT AND BATTERY?
- YES / NO STALKING PURSUANT TO SECTION 1173 OF THIS TITLE, OR A SIMILAR LAW OF ANOTHER STATE?
- YES / NO ANY VIOLATION OF THE PROTECTION FROM DOMESTIC ABUSE ACT OR ANY VIOLATION OF A VICTIM PROTECTION ORDER?
- YES / NO ANY VIOLATION RELATING TO ILLEGAL DRUG USE OR POSSESSION?
- YES / NO DOMESTIC ABUSE AS DEFINED BY SECTION 644 OF THIS TITLE OR AN ACT OF DOMESTIC ASSAULT AND BATTERY OR ANY COMPARABLE ACTS UNDER THE LAW OF ANOTHER STATE?

**NEW GENERAL APPLICANT MUST CIRCLE YES OR NO – RENEWAL APPLICANTS DO NOT NEED TRAINING CERTIFICATES.**

- YES / NO HAVE YOU COMPLETED THE REQUIRED CLEET CERTIFIED TRAINING OR ARE YOU EXEMPT FROM THIS REQUIREMENT AS OUTLINED IN OKLAHOMA STATUTES TITLE 21 § 1290.15? **ATTACH ORIGINAL TRAINING CERTIFICATE OR PROOF OF EXEMPTION.**

**INSTRUCTOR APPLICANTS MUST CIRCLE YES OR NO.**

- YES / NO HAVE YOU RECEIVED INSTRUCTOR APPROVAL FROM CLEET? IF YES, PROVIDE REQUIRED DOCUMENTATION EACH TIME APPLICATION IS MADE.

**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 CONCEALED WEAPON FOR LAWFUL SELF-DEFENSE.
- E. I CERTIFY THAT I AM THE IDENTICAL PERSON WHO COMPLETED THIS APPLICATION AND AM THE SUBJECT OF ANY AND ALL REQUIRED DOCUMENTS SUBMITTED AS PART OF THIS APPLICATION.
- F. MY SIGNATURE AFFIRMS THAT I KNOW THE CONTENTS OF THIS APPLICATION AND THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
E-MAIL ADDRESS (IF YOU WOULD LIKE TO RECEIVE ELECTRONIC CORRESPONDENCE) OPTIONAL

FEE COLLECTED FOR OSBI: MONEY ORDER OR CASHIER'S CHECK NO. \_\_\_\_\_ AMT. \_\_\_\_\_

VISA / MASTERCARD       AMERICAN EXPRESS       DISCOVER      **NO PERSONAL CHECKS WILL BE ACCEPTED. ALL FEES ARE NON-REFUNDABLE.**

NAME ON CREDIT CARD \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

PLEASE PRINT

EXPIRATION DATE \_\_\_\_\_ 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

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.**

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION**

**OKLAHOMA SELF DEFENSE ACT APPLICATION SUPPLEMENT**

[Per the Gun Control Act of 1968, the Brady Handgun Violence Prevention Act (18 U.S.C. '921 et seq.)]

*Federal law prohibits some persons from possessing firearms under certain conditions. Persons prohibited from firearm possession under federal law may not obtain an Oklahoma concealed weapons license. Circle correct responses to the questions below to assist the OSBI in processing your application.*

- YES / NO** **Have you been charged with a felony, a crime for which you could be sentenced to prison for more than a year?** (Grand Jury indictment, information filed in court by prosecutor)
- YES / NO** **Have you been convicted of any felony, a crime for which you could have been sentenced to more than a year in prison?**
- YES / NO** **Do you unlawfully use controlled substances?**  
(Drugs or other substance; includes marijuana, depressants, stimulants, narcotics, not alcohol)
- YES / NO** **Are you addicted to any controlled substances?**  
(Addicted means you have lost the power of self-control in using controlled substances)
- YES/NO** **Have you ever been adjudicated as mentally defective?**  
(By a court, board due to marked subnormal intelligence, mental illness, incompetency, condition or disease which rendered you a danger to yourself/others, or unable to manage your affairs. Also includes a finding of insanity by a criminal court, or found incompetent to stand trial, or found not guilty by reason of lack of mental responsibility).
- YES / NO** **Have you ever been involuntarily committed to any mental institution?**  
(By a court, board or other lawful authority for mental defectiveness or illness or drug use; this does not include voluntary admission or admission for observation to a mental institution)
- YES / NO** **Are you an alien who is illegally or unlawfully in the United States?**  
(Invalid immigrant or nonimmigrant status, under deportation order)
- YES / NO** **Have you been discharged from any branch of the Armed Forces under dishonorable conditions?**  
(Sentenced by a General Court-Martial to a Dishonorable Discharge or Dismissal)
- YES / NO** **Have you ever renounced your U.S. citizenship?**  
(Informed a U.S. consular office or State Dept. that you abandoned/your U.S. citizenship)
- YES / NO** **Are you under a court order, from a hearing which you attended, which restrains you from any of the following behaviors: (1) harassing, stalking or threatening an intimate partner, or (2) the child of an intimate partner, (3) any conduct which would reasonably place such partner or child of partner in fear of bodily injury?**
- YES / NO** **Have you ever been convicted of a misdemeanor crime of domestic violence in any court?** (Involves an element of the use of, or attempted use of force, threatened use of a deadly weapon by a spouse, ex-spouse, parent, guardian, parent of child in common, cohabitant)

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**Applicant Signature**

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**Date**

<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK			FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME	FIRST NAME	MIDDLE NAME	FBI		
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA	OK920070Z OSBI SDA LIC DIV OKLAHOMA CITY, OK			DATE OF BIRTH DOB Month Day Year	
DATE	SIGNATURE OF OFFICER	CITY	STATE	WGT	PLACE OF BIRTH POB		
EMPLOYER AND ADDRESS		YOU	AGE	SEX	LE		
REASON FINGERPRINTED		FBI NO.	CLASS	REF.			
HANDGUN LICENSE TITLE 21. OS. SEC. 1290.12		SOCIAL SECURITY NO. SOC	MISCELLANEOUS NO. MNU				

SAMPLE

INITIAL APPLICATIONS WILL REQUIRE TWO FINGERPRINT CARDS PROVIDED BY AND COMPLETED AT THE SHERIFF'S OFFICE IN YOUR COUNTY OF RESIDENCE.

THESE FINGERPRINT CARDS ARE REQUIRED AND MUST BE SUBMITTED WITH YOUR SIGNED ORIGINAL APPLICATION.