

**OKLAHOMA STATE
BUREAU OF INVESTIGATION**

**INFORMATION SERVICES DIVISION
SELF-DEFENSE ACT
LICENSING UNIT**



This Packet Contains:

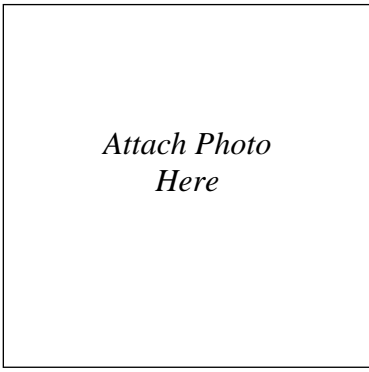
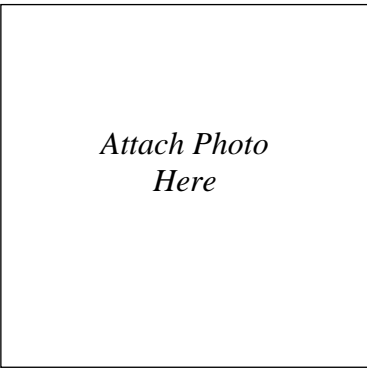
- Application, including Instructions, Photograph Specifications and Federal Brady Act Supplemental Questionnaire
- SDA Law Book, including the Oklahoma Self-Defense Act

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



COLOR PHOTOGRAPH SPECIFICATIONS

SAMPLE PHOTOGRAPH



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 GLASSES, NOTHING THAT OBSCURES THE FACE)
 - Photographs must **NOT** be stained, cracked or mutilated and must lie flat.
 - Photographic images must be sharp and correctly exposed; photographs 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.
 - “Peel and stick” or tape photographs to this form. Do not staple.
- IMPORTANT NOTE** – 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 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)

- 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. If additional fingerprint submissions are required, applicants may visit any law enforcement agency for fingerprinting services.
- **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. Make sure it is accurate.
- 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, and 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 (Eyes Only)
Black.....	BLK (Hair Only)	Green.....	GRN (Eyes Only)
Blonde or Strawberry.....	BLN (Hair Only)	Hazel.....	HAZ (Eyes Only)
Red or Auburn	RED (Hair Only)	White.....	WHI (Hair Only)
Sandy	SND (Hair Only)	Gray or Partially Gray.....	GRY
Bald	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. SOC 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.

APPLICATION FOR SELF-DEFENSE ACT LICENSE

LEAVE BLANK. FOR OSBI USE ONLY.

CHECK APPROPRIATE BOXES.

HAVE YOU PREVIOUSLY APPLIED AND BEEN DENIED?

YES NO

<p>NEW LICENSE APPLICATION FIVE YEAR TERM - \$100 TEN YEAR TERM - \$200 EXPIRED RENEWAL (AFTER 3 YEAR GRACE PERIOD) FIVE YEAR TERM - \$100 TEN YEAR TERM - \$200 APPLICATION MUST BE MADE THROUGH YOUR SHERIFF'S OFFICE.</p>	<p>RENEWAL LICENSE APPLICATION FIVE YEAR TERM - \$85 TEN YEAR TERM - \$170 FOR LICENSE RENEWAL, ENTER CURRENT LICENSE #: _____ EXPIRATION DATE _____</p>	<p>INSTRUCTOR APPLICATION - \$100 (FIVE YEAR TERM ONLY) Include copy of CLEET issued SDA Instructor Certificate. APPLICATION MUST BE MADE THROUGH YOUR SHERIFF'S OFFICE. These prices and terms became effective on November 1, 2007. Please check the law book for any changes.</p>
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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, STATE)	SEX MALE FEMALE	RACE	HEIGHT (FEET / INCHES)	WEIGHT (POUNDS)	EYE COLOR	HAIR COLOR	PHONE NUMBER HOME () CELL ()
MAILING ADDRESS		CITY	STATE	ZIP CODE	YEARS/MONTHS AT CURRENT ADDRESS YRS. MOS.	OKLAHOMA RESIDENT <small>NON RESIDENTS MUST PROVIDE CURRENT ACTIVE MILITARY ORDERS IN OKLAHOMA.</small>	YES NO	UNITED STATES CITIZEN <small>(U.S. CITIZENSHIP IS REQUIRED)</small>
PHYSICAL ADDRESS		CITY	STATE	ZIP CODE	COUNTY	CURRENT DRIVERS LICENSE NUMBER STATE		
TYPE OF HANDGUN - CHECK ALL THAT APPLY DERRINGER REVOLVER SEMI-AUTOMATIC			MILITARY SERVICE NUMBER <small>INCLUDE COPY OF DD214 OR CURRENT ORDERS</small>			LAW ENFORCEMENT IDENTIFICATION NUMBERS <small>(BADGE, EMPLOYEE, ETC.)</small>		

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
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PRESENT EMPLOYMENT INFORMATION

NAME OF PRESENT EMPLOYER - <i>(Please state if unemployed, retired, student, etc.)</i>				OCCUPATION / JOB TITLE			
PRESENT EMPLOYER'S ADDRESS		CITY	STATE	ZIP CODE	EMPLOYER'S PHONE NUMBER ()		

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

YES	NO	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	ARRESTING AGENCY OR COURT OF RECORD <small>(INCLUDE CITY, COUNTY, AND STATE)</small>
		DISPOSITION <small>(PLEASE SEND COPIES OF ANY AVAILABLE COURT DOCUMENT(S))</small>

CERTIFIED DOCUMENTS FROM ARRESTING AGENCIES AND COURTS OF RECORD INDICATING CHARGES FILED, DISPOSITION, OR THAT NO RECORDS ARE CURRENTLY AVAILABLE WILL EXPEDITE PROCESSING OF THE APPLICATION. SIGN ALL DOCUMENTS YOU SEND. RENEWAL APPLICANTS CAN WRITE "NO CHANGE" ABOVE IF THERE HAS BEEN NO ACTIVITY SINCE PREVIOUS APPLICATION.

ALL APPLICANTS MUST ANSWER "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 ANSWER "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 DEFERRED 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?

ANSWER "YES" OR "NO". THOSE WHO HAVE PREVIOUSLY APPLIED, INCLUDING RENEWAL APPLICANTS, DO NOT NEED TO SEND TRAINING CERTIFICATE.

YES NO HAVE YOU COMPLETED THE REQUIRED FIREARMS 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.** IF PREVIOUSLY SUBMITTED, PLEASE INDICATE BY INITIALING HERE. _____

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

DATE

E-MAIL ADDRESS (OPTIONAL)

FEES COLLECTED FOR OSBI: MONEY ORDER / CASHIERS CHECK CREDIT CARD AMOUNT \$ _____

MONEY ORDER OR CASHIER'S CHECK NO. _____ **NO PERSONAL CHECKS WILL BE ACCEPTED. ALL FEES ARE NON-REFUNDABLE.**

ACCOUNT NUMBER _____ SECURITY CODE _____ EXPIRATION DATE _____
SECURITY CODE FOR VISA, MASTERCARD & DISCOVER IS 3 DIGITS ON BACK OF CARD. FOR AMERICAN EXPRESS, THE SECURITY CODE IS 4 DIGITS ON FRONT.

NAME ON CREDIT CARD _____ PLEASE PRINT 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.

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

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. Please answer the questions below to assist the OSBI in processing your application. If you answer "yes" to any question, please provide further information and/or documentation.

- 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?
(In Oklahoma, this is referred to as a Victim's Protective Order.)
- 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.)

Applicant Signature

Date

APPLICANT		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK			FBI	LEAVE BLANK
			LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME		
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I D N O SBI SDA LIC DIV OKLAHOMA CITY, OK	DATE OF BIRTH <u>DOB</u> Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED					PLACE OF BIRTH <u>POB</u>		
DATE	SIGNATURE OF OFFICER	CITIZENSHIP	WGI				
EMPLOYER AND ADDRESS		SOCIAL SECURITY NO. <u>SOC</u>		CLASS			
REASON FINGERPRINTED HANDGUN LICENSE TITLE 21. OS. SEC. 1290.12		MISCELLANEOUS NO. <u>MNU</u>		REF.			

SAMPLE

INITIAL APPLICANTS, EXPIRED RENEWALS (BEYOND THE 3 YEAR GRACE PERIOD) & INSTRUCTORS MUST COMPLETE TWO FINGERPRINT CARDS TAKEN AT THE SHERIFF'S OFFICE IN THE COUNTY OF RESIDENCE.

THESE FINGERPRINT CARDS ARE REQUIRED AND MUST BE SUBMITTED WITH THE SIGNED ORIGINAL APPLICATION, PHOTOS AND FEES.