



**CONCEALED HANDGUN LICENSE  
ADDRESS/NAME CHANGE and REPLACEMENT  
CLATSOP COUNTY SHERIFF'S OFFICE**

Tom Bergin, Sheriff  
1190 SE 19<sup>TH</sup> Street, Warrenton, OR 97103  
MAILING: PO Box 658, Astoria, OR 97103 (503) 325-8635

CHL # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

☐ Address Change (\$15)

☐ Replacement (\$15)

☐ Name Change (\$15 )

PRINT FULL LEGAL NAME \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

Maiden Name and/or Aliases: \_\_\_\_\_  
(List any and all names you have used in the past, whether changed due to marriage, adoption, etc.)

**Current RESIDENTIAL Street Address:**

**Mailing Address (if different):**

Numbers and Street Name How long at this address?

P.O. Box

City State Zip

City State Zip

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**OREGON DRIVER'S LICENSE MUST REFLECT YOUR CURRENT RESIDENTIAL ADDRESS:**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_

If your address changes at any time while you have a Concealed Handgun License, notify the Clatsop County Sheriff's Office within 30 days of the change of address to obtain a new license. There is a \$15 dollar fee to issue the new license with the updated address. ORS 166.291(5)(C).

**Attention all concealed handgun license holders:**

You **must** carry your valid concealed handgun license with you whenever you carry a concealed handgun. Failure of a person who carries a concealed handgun also to carry a concealed handgun license is prima facie evidence that the person does not have such a license.

It is the responsibility of the individual license holder to be aware of the expiration date of their license and notify the Sheriff's Office.

**ORS 166.295 (2) If a licensee changes residence, the licensee shall report the change of address and the Sheriff shall issue a new license as a duplication for a change of address. The license shall expire upon the same date as would the original.**