

**OKLAHOMA STATE
BUREAU OF INVESTIGATION**

**APPLICATION FOR
SELF-DEFENSE ACT LICENSE**

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).**



LEAVE BLANK. FOR OSBI USE ONLY.

SDA FILE NUMBER:

SDA RECEIPT NUMBER:

DATE RECEIVED:

OSCN	ODCR	III	SOBG
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CHECK APPROPRIATE BOXES. HAVE YOU PREVIOUSLY SUBMITTED AN OKLAHOMA HANDGUN LICENSE APPLICATION? YES NO

APPLICANT TYPE <input type="checkbox"/> PERSONAL <input type="checkbox"/> INSTRUCTOR <i>Instructors must include copy of CLEET- issued SDA Instructor Certificate</i>	APPLICATION TYPE (SEE APPLICATION INSTRUCTIONS ON PAGE 4) <input type="checkbox"/> INITIAL APPLICATION – NEW LICENSE APPLICATIONS MUST BE SUBMITTED THROUGH YOUR SHERIFF’S OFFICE. <input type="checkbox"/> RENEWAL APPLICATION (EXPIRED LESS THAN 3 YEARS) SUBMIT DIRECTLY TO THE OSBI <input type="checkbox"/> EXPIRED RENEWAL (EXPIRED 3 OR MORE YEARS) – MUST BE SUBMITTED THROUGH YOUR SHERIFF’S OFFICE. PREVIOUS OKLAHOMA LICENSE HOLDERS, PLEASE ENTER SDA # OR SDA LICENSE # & EXPIRATION DATE, IF KNOWN. _____ EXP. DATE: _____
TYPE OF HANDGUN (Check all that apply.) <input type="checkbox"/> DERRINGER <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTOMATIC <i>First time applicants only: provide original, signed, training certificate(s) including weapon type, issued in last 3 years.</i> <input type="checkbox"/> FIVE YEAR TERM <input type="checkbox"/> 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) <small>IF BORN OUTSIDE OF THE U.S. PLEASE INCLUDE PROOF OF CITIZENSHIP.</small>	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE	HEIGHT (FEET/INCHES)	WEIGHT (POUNDS)	EYE COLOR	HAIR COLOR	PHONE NUMBER HOME () CELL ()	
<small>IF UNDER 21 INCLUDE COPY OF DD214 OR CURRENT ORDERS</small>	CURRENT DRIVER LICENSE NUMBER (OR STATE ISSUED ID CARD) _____ STATE _____			MILITARY SERVICE NUMBER _____		LAW ENFORCEMENT IDENTIFICATION NUMBERS (BADGE, EMPLOYEE, ETC.)			
	<small>IF LICENSE OR STATE ID CARD WAS ISSUED OUTSIDE THE STATE OF OKLAHOMA, PROVIDE CURRENT MILITARY ORDERS INDICATING OKLAHOMA AS PERMANENT DUTY STATION</small>			<small>INCLUDE COPY OF DD214 OR CURRENT ORDERS</small>					

EMPLOYMENT									
<input type="checkbox"/> EMPLOYED (COMPLETE EMPLOYER INFORMATION BELOW) <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> 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			
PHYSICAL ADDRESS			CITY	STATE	ZIP CODE	_____ YEARS _____ MONTHS			
COUNTY OF CURRENT RESIDENCE		EMAIL ADDRESS			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	YEARS AND MONTHS AT PREVIOUS PHYSICAL ADDRESS _____ YEARS _____ MONTHS			

* 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.

<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Are you a U.S. citizen?
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Do you have an Oklahoma Driver License or Oklahoma State Identification Card?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Do you maintain a residence in the state of Oklahoma?
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Have you ever received a dishonorable discharge from the military?
FELONIES	
<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Do you have a felony conviction? <i>(Unpardoned felony convictions expunged pursuant to 22 O.S. § 18 and 19 do not restore gun rights and are still considered felony convictions for purposes of firearms purchases and licensing.)</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	8. Do you currently have a felony charge pending?
<input type="checkbox"/> YES <input type="checkbox"/> 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?
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	12. Are you subject to an outstanding felony warrant?
<input type="checkbox"/> YES <input type="checkbox"/> 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	
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> NO	20. Do you have a misdemeanor conviction for aggravated assault and battery? <i>If yes, what is your relationship to the victim: _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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	
<input type="checkbox"/> YES <input type="checkbox"/> NO	23. Do you have a conviction for an act of domestic abuse? <i>If yes, what is your relationship to the victim: _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	24. Do you have a misdemeanor charge pending for an act of domestic abuse? <i>If yes, what is your relationship to the victim: _____</i>
<input type="checkbox"/> YES <input type="checkbox"/> 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? <i>If yes, what is your relationship to the victim: _____</i>
STALKING	
<input type="checkbox"/> YES <input type="checkbox"/> NO	26. Do you have a misdemeanor conviction for stalking?
<input type="checkbox"/> YES <input type="checkbox"/> NO	27. Do you have a misdemeanor charge pending for stalking?
<input type="checkbox"/> YES <input type="checkbox"/> 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

<input type="checkbox"/> YES <input type="checkbox"/> NO	29. Do you unlawfully use, or are you addicted to, any controlled substance? (<i>Marijuana is classified as a Schedule I Controlled Substance federally, therefore individuals issued an Oklahoma Medical Marijuana Patient License should answer yes and may be precluded pursuant to 21 O.S. § 1290.10 (9).</i>)
<input type="checkbox"/> YES <input type="checkbox"/> 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>)
<input type="checkbox"/> YES <input type="checkbox"/> NO	31. Do you have a misdemeanor charge pending for illegal drug use or possession? (<i>This includes possession of drug paraphernalia.</i>)
<input type="checkbox"/> YES <input type="checkbox"/> 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>)
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> NO	34. Have you had 2 or more convictions for public intoxication, with the most recent conviction being within the last 3 years?
<input type="checkbox"/> YES <input type="checkbox"/> 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

<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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?
<input type="checkbox"/> YES <input type="checkbox"/> NO	38. Do you have a misdemeanor conviction for violating a protective order? <i>If yes, what is your relationship to the victim:_____</i>
<input type="checkbox"/> YES <input type="checkbox"/> 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>
<input type="checkbox"/> YES <input type="checkbox"/> 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

<input type="checkbox"/> YES <input type="checkbox"/> NO	41. Have you ever been adjudicated as an incompetent person in a court of law?
<input type="checkbox"/> YES <input type="checkbox"/> NO	42. Have you ever been involuntarily committed for a mental illness, condition, or disorder?
<input type="checkbox"/> YES <input type="checkbox"/> 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? Date of incident _____
<input type="checkbox"/> YES <input type="checkbox"/> 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 UNDERSTAND THE OSBI SHALL ISSUE A HANDGUN LICENSE OR DENY THE APPLICATION WITHIN 60 TO 90 DAYS OF THE RECEIPT OF THE COMPLETED APPLICATION AND REQUIRED INFORMATION.</p> <p>E. I DESIRE A LEGAL MEANS TO CARRY A WEAPON FOR LAWFUL SELF-DEFENSE.</p> <p>F. 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>G. 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>H. I MEET ALL OF THE ELIGIBILITY CRITERIA REQUIRED BY 21 OKLAHOMA STATUTES, §1290.9.</p> <p>I. MY SIGNATURE AFFIRMS THAT I KNOW THE CONTENTS OF THIS APPLICATION AND THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.</p>	<p style="font-size: 24px; font-weight: bold;">X</p>	<p>_____</p> <p style="text-align: center;">SIGNATURE OF APPLICANT</p>
<p>_____</p> <p style="text-align: center;">PRINTED NAME OF APPLICANT</p>		<p>_____</p> <p style="text-align: center;">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 in 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.

APPLICATION INSTRUCTIONS

- **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 fingerprint cards, along with the completed application, photos, and fees.
- **NEW APPLICANTS** must also submit original certificate(s) demonstrating successful completion of firearms safety and training and demonstration of competency with a firearm.
If you qualify for an SDA Training exemption pursuant to **TITLE 21 § 1290.15 – Persons Exempt from Training Course**, please submit the exemption form available on our website, www.ok.gov/osbi/Handgun_Licensing/SDA_Law_Book_and_Forms.
- **RENEWALS** (expired less than 3 years) may submit the completed application, photos, and fee to the OSBI directly. Fingerprints are not required.
- **INSTRUCTORS** must also include a current **CLEET** certificate with every application.

APPLICATION TERM / FEE

MONEY ORDER OR CASHIER CHECK ONLY – NO. _____, AMOUNT ENCLOSED \$ _____

LICENSE TYPE	✓ FIVE YEAR TERM	✓ TEN YEAR TERM
First Time Applicant - PERSONAL	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Expired Renewal – PERSONAL (Expired MORE than 3 years)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200
Renewal - PERSONAL	<input type="checkbox"/> \$85	<input type="checkbox"/> \$170
First Time, Expired Renewal or Renewal - INSTRUCTOR	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200

NO PERSONAL CHECKS WILL BE ACCEPTED • ALL FEES ARE NON-REFUNDABLE

SHERIFF'S INFORMATION FOR SDA INITIAL AND EXPIRED RENEWAL 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