SELF-DEFENSE ACT (SDA)

APPLICATION WORKSHEET

Apply online at:
www.osbi.ok.gov/Handgun-Licensing

First-time Self-Defense Act applicants will need the following to apply for a handgun license in Oklahoma:

- Original, signed **Certificate(s) of Training** indicating weapon type used for demonstration of competence
- **Driver License or State Issued Identification Card**
- **Military Orders** indicating Oklahoma as the permanent duty station *(required only if Driver License or State Issued Identification Card is other than State of Oklahoma)*
- **Address Information** for the past three years, including current physical address within the State of Oklahoma
- **Proof of Citizenship** *(required only if born outside of the United States – we accept valid U.S. Passports, Citizenship or Naturalization Papers, or Certificate of Birth Born Abroad of U.S. Citizen)*
- **Fees:** $100 for 5 year license; $200 for 10 year license (*You may pay by Cashier's Check or Money Order. Applications submitted online may also pay by Credit Card or Electronic Funds Transfer.)*
- Two current, passport style, **Color Photos** of your head and shoulders, facing forward, with a white or light colored background. No hats or glasses allowed. Applications submitted online may include a single, digital photo.

The following questions will be used to determine if an applicant meets the eligibility requirements:

1. Are you a U.S. citizen?
2. Are you currently or have you previously served in the U.S. Military? (*If yes, you will be asked to provide a copy of your current military orders or DD214 for the most recent discharge, if available, and indicate which branch of service.)*
3. Do you have an Oklahoma Driver License or Oklahoma State Identification Card?
4. If you answered "NO" to the previous question, are you or your spouse active duty military permanently stationed within Oklahoma? *(If yes, you will be required to provide a copy of the current orders.)*
5. Do you maintain a residence within the State of Oklahoma?
6. Have you ever received a dishonorable discharge from the military?
7. Do you have a felony conviction? (*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*.)
8. Do you currently have a felony charge pending?
9. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a felony offense?
10. In the last 10 years, did you receive a felony adjudication as a delinquent? *Pursuant to the Oklahoma Juvenile Code, delinquents are under the age of 18 when the crime is committed.*
11. Do you live with an adjudicated delinquent or convicted felon? (*If yes, you will be required to provide the name, date of birth, and social security number of felon and/or delinquent and where the offense occurred.)*
12. Are you subject to an outstanding felony warrant?
13. Are you subject to an outstanding misdemeanor or traffic warrant? *(This includes bench warrants for failure to appear or failure to pay.)*
14. Do you have a misdemeanor conviction for assault and battery which caused serious physical injury to the victim? (If yes, you will be asked what your relationship to the victim is.)
15. Do you have a misdemeanor charge pending for assault and battery which caused serious physical injury to the victim? *(If yes, you will be asked what your relationship to the victim is.)*
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? *(If yes, you will be asked what your relationship to the victim is.)*
17. Do you have 2 or more misdemeanor convictions for assault and battery? *(If yes, you will be asked what your relationship to the victim is.)*
18. Do you have a misdemeanor charge pending for assault and battery **and** a previous conviction for assault and battery? *(If yes, you will be asked what your relationship to the victim is.)*
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? *(If yes, you will be asked what your relationship to the victim is.)*

20. Do you have a misdemeanor conviction for aggravated assault and battery? *(If yes, you will be asked what your relationship to the victim is.)*
21. Do you have a misdemeanor charge pending for aggravated assault and battery? *(If yes, you will be asked what your relationship to the victim is.)*
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? *(If yes, you will be asked what your relationship to the victim is.)*
23. Do you have a conviction for domestic abuse?
24. Do you have a misdemeanor charge pending for domestic abuse?
25. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for misdemeanor domestic abuse?
26. Do you have a misdemeanor conviction for stalking?
27. Do you have a misdemeanor charge pending for stalking?
28. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for misdemeanor stalking?
29. Do you unlawfully use, or are you addicted to, any controlled substance? *(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).)*
30. Do you have a misdemeanor conviction for illegal drug use or possession?
31. Do you have a misdemeanor charge pending for illegal drug use or possession?
32. Are you currently serving, or have you in the last 3 years served, a deferred sentence or deferred prosecution for a misdemeanor involving illegal drug use or possession?
33. Have you had inpatient treatment for substance abuse in the last 3 years*? If you answer "YES", your doctor will need to complete a Substance Abuse Treatment Certification certifying your eligibility.*
34. Have you had 2 or more convictions for public intoxication**, with the most recent conviction being within the last 3 years?**
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?** *If you answer "YES", your doctor will need to complete an Alcohol Convictions Certification Form certifying your eligibility.*
36. Have you ever had a final victim protective order granted against you? *(If yes, you will be asked what your relationship to the victim is.)*
37. Are you subject to a court order preventing you from harassing, stalking, or threatening an intimate partner or child of an intimate partner?
38. Do you have a misdemeanor conviction for violating a protective order? *(If yes, you will be asked what your relationship to the victim is.)*
39. Do you have a misdemeanor charge pending for violating a protective order? *(If yes, you will be asked what your relationship to the victim is.)*
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? *(If yes, you will be asked what your relationship to the victim is.)*
41. Have you ever been adjudicated as an incompetent person in a court of law?
42. Have you ever been involuntarily committed for a mental illness, condition, or disorder?
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?
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 the 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. *If you answer "YES", your treating physician will need to complete a Mental Health Certification Form certifying your eligibility. If form is not submitted with application, one will be mailed to you upon receipt of the application.*

If you answer "Yes" to Questions 7 – 40, you will need to provide the following information and provide supporting documents where available: Charges/Orders, Arresting Agencies and/or Courts of Record (including city, county, and state) and Dispositions.