



OKLAHOMA STATE BUREAU OF INVESTIGATION
 Application for Self-Defense Act License
 Summary Sheet

OSBI Self Defense Act Unit
 6600 North Harvey Place
 Oklahoma City, OK 73116
http://www.ok.gov/osbi/Handgun_Licensing



LEGIBLE PHOTO OF APPLICANT SHOULD BE VISIBLE ABOVE. IF NOT, A COLOR PASSPORT-STYLE PHOTO MUST BE ATTACHED FOR THE OSBI TO PROCESS APPLICATION.

LEAVE BLANK. FOR OSBI USE ONLY.

PAID ONLINE

Cashier's Check or Money Order # _____

sda@osbi.ok.gov

(405) 879-2690

Toll Free: (800) 207-6724

Fax: (405) 840-8485

The person below has applied for the following Self-Defense Act License through OSBI's online application system: 5-Year Initial

NAME (LAST, FIRST MIDDLE) DOE, JOHN H			SOCIAL SECURITY NUMBER 999887777			MAIDEN NAME / NICKNAMES / PREVIOUS LAST NAME(S)		
DATE OF BIRTH 12/19/1976	PLACE OF BIRTH (STATE OR COUNTRY) Indiana <small>IF BORN OUTSIDE OF THE U.S., PROOF OF CITIZENSHIP IS REQUIRED.</small>	SEX Male	RACE White	HEIGHT (FEET/INCHES) 5'8"	WEIGHT (POUNDS) 195	EYE COLOR Green	HAIR COLOR Blonde	PHONE NUMBER HOME (405) 9999999 CELL ()
MAILING ADDRESS 12345 ANYWHERE ST			CITY OKLAHOMA CITY	STATE OK	ZIP CODE 73116	DL NUMBER (OR STATE ISSUED ID CARD) S123456789 STATE OK		
PHYSICAL ADDRESS 456 DOWNTONW			CITY OKLAHOMA CITY	STATE OK	ZIP CODE 73162	COUNTY OF CURRENT RESIDENCE Grady		

The checked items are needed to process this SDA application:

- ORIGINAL SIGNED TRAINING CERTIFICATE INDICATING GUN TYPE, UNLESS PREVIOUSLY PROVIDED TO OSBI
- 2 LEGIBLE FINGERPRINT CARDS
- PROCESSING FEE PAID WITH MONEY ORDER OR CASHIER'S CHECK
- LOCAL AGENCY CHECK (TO BE COMPLETED BY THE SHERIFF'S OFFICE)
- PROOF OF U.S. CITIZENSHIP
- MILITARY ORDERS
- DD214 INDICATING TYPE OF DISCHARGE FROM THE MILITARY
- COPY OF CURRENT CLEET INSTRUCTOR CERTIFICATE
- DOCTOR'S LETTER CERTIFYING ELIGIBILITY DUE TO MENTAL HEALTH TREATMENT
- DOCTOR'S LETTER CERTIFYING ELIGIBILITY DUE TO SUBSTANCE ABUSE TREATMENT
- DOCTOR'S LETTER CERTIFYING ELIGIBILITY DUE TO MULTIPLE ALCOHOL RELATED CONVICTIONS
- DOCUMENTS EXPLAINING RESPONSES WHERE POSSIBLE PRECLUSIONS WERE IDENTIFIED

If processing through a sheriff's office, the items in bold are mandatory. Failure to include them will result in return of the application unprocessed. Failure to include all items listed may delay processing of the application.

SHERIFF OR SHERIFF DESIGNEE MUST COMPLETE THIS SECTION IF INITIAL APPLICANT OR EXPIRED RENEWAL.

SHERIFF'S NAME	COUNTY	DATE RECEIVED
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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. BY MY SIGNATURE BELOW, I AUTHORIZE THE OSBI TO INVESTIGATE ME AND ANY OR ALL RECORDS RELEVANT TO THE LICENSE APPROVAL PROCESS.

SIGNATURE OF APPLICANT (SIGNATURE MUST BE WITNESSED BY SHERIFF OR DESIGNEE) DATE

SIGNATURE OF SHERIFF OR DESIGNEE DATE

APPLICANT MUST SHOW THE VALID DRIVERS LICENSE OR STATE ISSUED IDENTIFICATION CARD THAT MATCHES THE INFORMATION PROVIDED ABOVE.

LEAVE BLANK. FOR OSBI USE ONLY.

DATE OF APPROVAL	INIT	LE CHECK/SO-PD	III	NFUF/CCH	OSCN/ODCR	JOLTS