



Carroll County Sheriff's Office
Sheriff Calvin Graham

43 Second St SE
Carrollton Ohio, 44615

330-627-2141

330-627-2143

www.carrollcountysheriff.org

NEW CCW LICENSE APPLICATION

New License (Resident of Ohio for 5 or more years) - \$67.00

New License (Resident of Ohio less than 5 years) - \$77.00

- **A Completed Application**
- **Certificate of completion from your handgun safety training class**
- **2X2 Photo taken within 30 days of appointment**
- **Payment- Exact amount in Cash, a Personal Check, or US Money Order. Check or Money can be made out to the Carroll County Sheriff's office.**
- **If you provide us with a self-address stamped envelope, we will mail the approved permit back to you and save you another trip back to the Carroll County Sheriff's office.**

CCW LICENSE RENEWAL APPLICATION

Renewal (resident of Ohio for 5+ years) - \$50

Renewal (resident of Ohio less than 5 years) - \$60

- * **A completed application**
- * **Current or expired permit to serve as proof of completion of the handgun safety training**
- * **Payment of \$50.00 exact cash or personal check made payable to Carroll County Sheriff.**
- * **Identification (driver's license)**
- * **If you provide us with a self-addressed and stamped envelope, we will mail the permit back to you and save you another trip to the Sheriff's Office to pick up your permit.**

THE STATE OF OHIO HAS WAIVED CHARGES FOR CONCEALED CARRY IF YOU ARE A VETERAN AND HONORABLY DISCHARGED. YOU MUST BRING YOUR DD214 PAPERWORK TO THE APPOINTMENT

Applications are accepted Monday-Friday from 9:30 a.m. to 12 Noon and 1:00 p.m. to 4:00 p.m. by appointment or availability. Contact Deputy Edward L. Hale at (330) 627-2141 Option 2.

DO NOT BRING ANY FIREARMS WITH YOU WHEN YOU APPLY



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Authorization for Release of information Agreement

Name: _____

Address: _____

Telephone #: _____ DOB ____ / ____ / ____ SSN _____

TO WHOM IT MAY CONCERN: I am an applicant for a concealed carry gun permit at the Carroll County Sheriff's Office (CCSO). The CCSO needs to thoroughly investigate my background and personal history to evaluate my qualifications for approval of the permit it is in the public's interest that all relevant information concerning my personal history be disclosed to the above office.

I hereby authorize any representative of the CCSO bearing this release to obtain any information in your files pertaining to my personal records including mental evaluations, diagnosis of the mental condition and final disposition of the case and hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the CCSO, whether said records are of public, private, or confidential nature. The intent of *this* authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of *this* authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the CCSO to consider in determining my suitability for being issued a concealed carry gun permit. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the CCSO regardless of any agreement I may have made with you previously to the contrary. The CCSO will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the CCSO's acceptance and processing of my application for a concealed carry gun permit; I agree to hold the _____ its agents and employees harmless from any and all claims and liability associated with my application for a concealed carry gun permit. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information will be used by the CCSO in conjunction with the application procedures for a concealed carry gun permit.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of 45 days from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

 Signature

 Date