

**APPLICATION TO ACQUIRE, POSSESS, CARRY OR USE DANGEROUS ORDNANCE
(O.R.C. 2923.18)**

Name _____ D.O.B. _____
Last First Middle

Address _____
Number Street City County State Zip

Occupation _____ D.B.A. _____

Description of Dangerous Ordnance _____

Place or Places to be Kept or Carried _____

What Proper Precautions will be taken to Protect the Security of the Dangerous Ordnance and Ensure the Safety of Persons and Property _____

Place or Places Ordnance to be Used _____

Where Ordnance Acquired _____

Purpose for Use of Dangerous Ordnance (Circle One)

- (1) Contractors, wreckers, quarrymen, mine operators, and other persons regularly employing explosives in the course of a legitimate business, with respect to explosives and explosive devices acquired, possessed, carried, or used in the course of such business;
- (2) Farmers, with respect to explosives and explosive devices acquired, possessed, carried, or used for agricultural purposes on lands farmed by them;
- (3) Scientists, engineers, and instructors, with respect to dangerous ordnance acquired, possessed, carried, or used in the course of bona fide research or instruction;
- (4) Financial institution and armored car company guards, with respect to automatic firearms lawfully acquired, possessed, carried, or used by any such person while acting within the scope of his duties;
- (5) Other purposes: (Please Explain) _____

Competence of Person Using Ordnance _____

<p>This is a Temporary Permit Expiring _____ 20____. Fee Paid - \$5.00</p> <p>This is a License Expiring_____ 20____. Fee Paid \$50.00</p>

I certify that I am age twenty-one or over and that I am not a fugitive from Justice, am not under indictment or have not been convicted of any felony of violence or for any offense involving the illegal possession, use sale, administration, distribution, or trafficking in any of drug, nor am I a drug dependent person, chronic alcoholic, in danger of being drug dependent, or under adjudication of mental incompetence, or otherwise prohibited by federal law from possessing firearms, ammunition, or explosives.

Date_____ 20_____

Signature of Applicant

Sworn to Before Me, A Notary Public, this _____ day of _____ 20_____

Notary Public

(SEAL)

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Approved for Acquiring, Possessing, Carrying, or Using the Listed Dangerous Ordnance.

County

Chief of Police, Columbus, Ohio

LAW ENFORCEMENT PERSONNEL: Please direct all questions on the issuance of this license/permit to Ralph Jones – License Officer at (614) 645-6496 Monday – Friday between 7:30 – 16:00