# This is a self-screening application. Read this carefully. OLCC WILL DENY YOUR PERMIT FOR:

### Felony drug or felony crimes of violence convictions

- 1 conviction if the incident occurred within 2 years of the date of your application
- 2 or more convictions if two of the incidents occurred within 4 years of the date of your application

#### DUII or furnishing alcohol to minors diversions or convictions

• 2 or more diversions or convictions if two of the incidents occurred within 4 years of the date of your application

#### A combination of diversions or convictions

 4 or more DUII, furnishing, or felony drug or crime of violence convictions if all of the incidents occurred within 10 years and one incident or arrest was within 2 years of the date of your application.

## YOUR APPLICATION MAY NOT BE DENIED IF YOUR CRIMES INVOLVED ALCOHOL OR DRUGS AND YOU INCLUDE:

- Written proof that you were diagnosed as alcohol or drug addicted (the diagnosis must be in writing from a medical health professional such as an alcohol or drug evaluation and screening specialist or treatment counselor) AND
- This sworn statement

I,	, swear the following statements are true:
´ -	Print name
1.	I have not taken alcohol or drugs (whichever applies) in the past 12 months.
2.	I have finished a state-certified alcohol or drug treatment program with
ce	, and I am attaching a copy of my completion ertificate or other proof that I completed the program.
	OR
	I am currently in a alcohol or drug treatment or recovery program with, and am following treatment recommendations.
	AND
	have complied and continue to comply with my post-prison supervision or probation requirements.  by probation officer is with County or probations. If you are no longer on post-prison supervision or probation, please say so here.
	nderstand that OLCC will deny or revoke my permit if these statements are not true. Making false statements a government agency is a misdemeanor crime subject to penalties imposed by the court ORS 162.075.
Si	gnature Date

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