

PLACER COUNTY SHERIFF'S OFFICE
CCW Applicants - Firearm Inspection, Shooting Proficiency, and Training Course Completion Certification

RENEWAL APPLICATION

Applicant Name: _____ Date of Firearm(s) Safety Inspection: _____

Shooting Qualification Date: _____ Demonstrated Proficiency: Acceptable Unacceptable

FIREARM SAFETY INSPECTION

Firearm Safety Inspection and qualification will be limited to a maximum of three (3) firearms.

1. Manufacturer _____
Model Number _____
Serial Number _____
Caliber _____
Revolver Semi-Auto

2. Manufacturer _____
Model Number _____
Serial Number _____
Caliber _____
Revolver Semi-Auto

3. Manufacturer _____
Model Number _____
Serial Number _____
Caliber _____
Revolver Semi-Auto

I acknowledge and fully understand the curriculum that was taught to me. I reviewed all weapons information and have qualified with all weapons listed on this form.

X _____

CCW/Firearms Training Certification – RENEWAL LICENSE

On _____ attended _____ hours of instruction acceptable to the Sheriff pursuant to
(Date) (Applicant Name) (Hours)
CA Penal Code Section §26165(a).

I, _____ CCW Instructor for the below named business, do hereby certify that the weapons
(Print name)
listed above have passed safety inspections. I also certify that the above named individual has passed the CCW/Firearms training course that I have on file with Placer County and qualification course (per 26165(a)) for a Renewal CCW License.

CCW Instructor Signature

Business Name

Name of Range

Address

City

State

Zip