



CONTRA COSTA COUNTY OFFICE OF THE SHERIFF
DAVID O. LIVINGSTON
SHERIFF - CORONER

CCW PROOF OF TRAINING

Applicants: Complete steps 1-4 and attach documents as requested. Obtain instructor information and signature on page 2 and return both pages to the CCW Unit.

Instructors: Complete the information and attestation on page 2 and provide to applicant.

APPLICANT NAME: _____

Print

APPLICANT E MAIL ADDRESS: _____

Print

1. APPLICANT TRAINING ATTESTATION:

I, _____, attest that I completed an 8 hour 4 hour training class which
Applicant Name (signature) Check Box
included instruction on firearms safety, firearms handling, shooting technique, and laws regarding
permissible use of a firearm on _____ conducted by _____
Dates

Name of Training Firm or Company (print)

“New” or Initial Permittees must complete a minimum of 8 hours of training.

2. APPLICANT- ATTACH A COPY OF YOUR COURSE CERTIFICATE PROOF OF COMPLETION

3. APPLICANT FIREARMS SAFETY CERTIFICATE OR EQUIVALENT:

**Attach a copy of your current California Department of Justice Firearms Safety Certificate (FSC)
AND/OR complete the below attestation:**

I, _____, attest that I successfully passed a written test equivalent to
Applicant Name (signature)
an FSC written test during my course of instruction listed above.

4. APPLICANT FIREARMS LAW KNOWLEDGE ATTESTATION:

I, _____, attest that I accessed the *California Attorney General Firearms
Applicant Name (signature)*
Summary. This document is available on line at www.oag.ca.gov/firearms



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INSTRUCTOR INFORMATION AND ATTESTATION:

Instructors: Complete the below information, including your DOJ or BSIS certification information, and the attestation.

INSTRUCTOR NAME: _____
Print Name

INSTRUCTOR TELEPHONE: _____

INSTRUCTOR E MAIL: _____
Print

FIRM OR COMPANY NAME AND ADDRESS: _____

Print
**INSTRUCTOR CA DEPARTMENT OF JUSTICE FIREARMS INSTRUCTOR NUMBER
OR CA BUREAU OF SECURITY AND INVESTIGATIVE SERVICES (BSIS) NUMBER:**

The Office of the Sheriff only accepts instruction from CA Department of Justice certified firearms instructors or CA BSIS certified firearms instructors.
Chief or primary certified instructors may be assisted by non certified instructors but the chief or primary instructor must have taught during the applicant's training class.

Information on this form is to be completed only by certified instructors.

INSTRUCTOR ATTESTATION:

I, _____, attest that _____
Instructor Signature Applicant Name (Print)

completed an 8 hour 4 hour training class which included instruction on firearms safety, firearms
handling, shooting technique, and laws regarding permissible use of a firearm on _____
Check Box

Date