



El Dorado County Sheriff's Office

Carry Concealed Handgun
Firearms Training and Weapon Verification

I attest that _____ has completed the below listed instruction acceptable to the Sheriff pursuant to CA Penal Code Section §26165(a).

8-hour initial 4-hour renewal Add weapon(s)

California Concealed Handgun Course which minimally included instruction on firearm safety and the law regarding the permissible use of a firearm.

Dates of Class/Firearm Safety Inspection: _____

I, the below listed CCW/Firearms Training Instructor, do hereby certify that the weapons listed below have passed safety inspections and serial numbers verified.

Make	Model	Caliber	Serial Number	Score	Pass/ Fail	Instructor Initials
				/30		
				/30		
				/30		
				/30		
				/30		
				/30		

**EACH FIREARM MUST PASS WITH 80% QUALIFICATION SCORE (24 out of 30)
NO LIMIT TO NUMBER OF FIREARMS – USE ADDITIONAL FORMS IF NEEDED**

** WE DO NOT ALLOW ANY WRITE-OVERS OR CROSS-OUTS.*

Instructor Business Name (printed): _____

Instructor Name (printed): _____

Instructor Signature: _____

Instructor Certification# _____ Exp. Date: _____

*We **only** accept Firearms Instructors who are certified by the CA Dept. of Justice, Bureau of Firearms or the CA Department of Consumer Affairs, Bureau of Security and Investigative Services, National Rifle Association.*

Instructor Contact Number: _____

Instructor Email: _____

THIS FORM SHALL BE SUBMITTED IN PLACE OF OR ACCOMPANY ANY RANGE MASTER/INSTRUCTOR DOCUMENTATION FOR ALL CCW APPLICATION TYPES – NEW, RENEWAL AND WEAPON MODIFICATION.