

## **El Dorado County Sheriff's Office**

Carry Concealed Handgun Firearms Training and Weapon Verification

l attest thatlisted instruction ac	ceptable to	o the Sher	iff pursuant to CA Pe	has enal Code S	complete Section §	ed the below 26165(a).
8-hour initial 4-ho			our renewal	Add weapon(s)		
			e which minimally i sible use of a firearn		structior	on firearm
Dates of Class/Fire	arm Safety	y Inspectio	n:			
			ning Instructor, do h ions and serial numb			he weapons
Make	Model	Caliber	Serial Number	Score	Pass/ Fail	Instructor Initials
				/30		
				/30		
				/30		
				/30		
				/30		
	TO NUMBE	R OF FIRE	TH 80% QUALIFICATION ARMS – USE ADDITION R CROSS-OUTS.			
Instructor Business	Name (pr	inted):				
Instructor Name (pr	rinted):					
Instructor Signature	e:					
Instructor Certificati We <u>only</u> accept Firearm Department of Consumer	ns Instructors	who are cellau of Security	Exp. Date: rtified by the CA Dept. of and Investigative Services,	Justice, Bure	au of Fire Association	arms or the CA n.
Instructor Contact N	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.