

**CARSON CITY SHERIFF'S OFFICE**  
**APPLICATION FOR CONCEALED WEAPON PERMIT**  
**GENERAL INFORMATION AND INSTRUCTIONS**

1. FEES

ALL FEES ARE NON-REFUNDABLE

- A. Initial Application: Fees totaling \$97.50 must be submitted with your application in the form of cash or money order made payable to the Carson City Sheriff's Office.
- B. Renewal Application: A \$62.50 permit fee payable in cash or money order to the Carson City Sheriff's Office must be submitted with your application.
- C. Duplicate Permit: A \$15.00 fee must be submitted for a duplication permit in the event of a change of address or if a permit is lost, stolen or destroyed.

2. INSTRUCTIONS – COMPLETION OF YOUR APPLICATION

- A. Inquiries necessary to facilitate completion of your application should be directed to a service representative at:  
Carson City Sheriff's Office  
911 E. Musser St.  
Carson City, NV 89701  
Telephone: (775) 887-2500
- B. Once you have completed your application, bring it to the Carson City Sheriff's Office to pay the fees and have your photo and fingerprints taken.
- C. You must demonstrate competency with a firearm by presenting a certification of completion and firearm proficiency certification from a certified instructor, which shows that you have successfully completed a training course in the use of your firearm(s). This training course must include instruction in the use of each firearm to which your application for a permit to carry a concealed weapon applies and in the laws of this state relating to the proper use of a firearm. The training must be completed within the 12 months prior to the date of your application for your initial permit or your application for the renewal of your existing permit.
- D. If you have been convicted of a felony as described in Section 202.360, Nevada Revised Statutes, you must submit a certified copy of the document restoring your civil rights and a certified copy of the document that specifically restores your authority to own, possess or use a firearm. If your civil rights and the specific authority to own, possess or use a firearm have not been restored or if you cannot provide proof of restoration of these rights, you are not eligible for a Concealed Weapon Permit.

3. PROCESSING

Allow up to 120 days for processing your complete initial application. It can take up to 120 days to obtain a record check from the FBI. Incomplete application will not be processed. Allow 30 days for processing a renewal application.

4. ISSUANCE OF PERMIT

Upon approval of your application, your CCW permit will be mailed to the mailing address provided on your application. If your application is denied, you will receive written notification setting forth the reasons for the denial.

5. CHANGE OF ADDRESS; LOST, STOLEN OR DESTROYED PERMITS

- A. You must notify the Sheriff in writing within 30 days if your permanent address changes or if your permit is lost, stolen or destroyed. You will be issued a duplicate permit if you:
  - 1. Submit a written statement to the Sheriff, signed under oath stating that your permit has been lost, stolen or destroyed; and
  - 2. Pay a non-refundable fee of \$15.00.
- B. If you subsequently find or recover your permit after being issued a duplicate permit, you must, Within 10 days:
  - 1. Notify the Sheriff in writing; and
  - 2. Return the duplicate permit to the Sheriff.
- C. If you fail to make the aforementioned notifications as indicated, you may be subject to a civil penalty of \$25.00.

6. TERM OF PERMIT

A Concealed Weapon Permit issued by the Carson City Sheriff's Office to carry a concealed firearm expires on the fifth anniversary of the issue date.

7. CARRYING OF PERMIT

- A. Your concealed weapon permit authorizes you to carry a weapon of the type specified on the Permit anywhere in the STATE OF NEVADA during the term of the permit, unless the permit has been suspended or revoked.
- B. You must carry the permit, or a duplicate issued by the Sheriff, together with proper identification whenever you are in actual possession of a concealed firearm. Both the permit and proper identification must be presented if requested by a peace officer. If you are found to be in violation of this regulation, you will be subject to a civil penalty of \$25.00 for each violation.

8. ELIGIBILITY

You are **NOT** eligible for a permit to carry a concealed weapon if any of the following applies to you:

- A. If you are prohibited by FEDERAL LAW to possess and/or purchase a firearm.
- B. If you are not 21 years of age.
- C. If you do not provide the required documentation to demonstrate competence with a firearm.
- D. If you have an outstanding warrant for your arrest.
- E. If you have been judicially declared incompetent or insane.
- F. If you have been voluntarily or involuntarily admitted to a mental health facility during the immediately preceding 5 years.
- G. If you have habitually used intoxicating liquor or a controlled substance to the extent that your normal faculties are impaired. It is presumed that you have so used intoxicating liquor or a controlled substance if, during the immediately preceding 5 years you have been:
  - 1. Convicted of violating the provision of NRS 484.379 (driving under the influence); or
  - 2. Committed for treatment pursuant to NRS 458.290 to 458.350, inclusive (substance abuse).
- H. If you have been convicted of a crime involving the use or threatened use of force or violence punishable as a misdemeanor under the laws of this or any other state, or a territory or possession of the United States at any time during the immediately preceding 3 years.
- I. If you have been convicted of a felony in this state or under the laws of any state, territory or possession of the United States.
- J. If you have been convicted of a crime involving domestic violence or stalking, or you are currently subject to a restraining order, injunction or other order for protection against violence.
- K. If you are currently on parole or probation for a conviction obtained in this state or in any other state or territory or possession of the United States.
- L. If you have, within the immediately preceding 5 years, been subject to any requirements imposed by a court of this state or of any other state or territory or possession of the United States, as a condition of the Court's:
  - 1. Withholding of the entry of judgment for your conviction of a felony; or
  - 2. Suspension of your sentence for the conviction of a felony.
- M. If you have made a false statement on any application for a permit or for the renewal of a permit.

**STATE OF NEVADA  
APPLICATION FOR CONCEALED FIREARM PERMIT**

Initial Application   
Renewal Application

**Please type or print in black ink**

Full Name (Last, First, and middle)				Home Phone				
				Cell Phone				
Physical Address (Number, Street, Apt #, City, State, Zip)								
Mailing Address (If different from above)				Business Phone				
Country of Citizenship			Place of Birth		Alien Number		Alien Expiration	
Date of Birth	Race	Sex	Height	Weight	Hair	Eyes	Social Security #	Scars, Marks, Tattoos
Occupation			Name and Address of Employer					

**Answer each question and place a check mark in the appropriate box**

1. Are there currently any outstanding warrants for your arrest?.....  Yes  No
2. Have you ever been judicially declared mentally incompetent or insane?.....  Yes  No
3. Have you ever been admitted to a mental facility?.....  Yes  No
4. During the 5 years immediately preceding the date of this application, have you been convicted of driving under the influence of alcoholic or controlled substance in this or any other state?..... Yes  No
5. During the 5 years immediately preceding the date of this application, have you habitually used intoxicating liquor or narcotics to the extent that your normal faculties were impaired?.....  Yes  No
6. During the 5 years immediately preceding the date of this application, have you been committed for treatment of the abuse of alcoholic beverages in this or any other state?.....  Yes  No
7. During the 5 years immediately preceding the date of this application, have you been committed for treatment of, or convicted of a crime related to controlled substance in this or any other state?.....  Yes  No
8. During the 3 years immediately preceding the date of this application, have you been convicted of a crime involving the use or threatened use of force or violence punishable as a misdemeanor?.....  Yes  No
9. Have you ever been convicted of a felony in this state or any other state?..... Yes  No
10. During the 5 years immediately preceding the date of this application, have you been subject to any requirements imposed by a court as a condition to the courts withholding the entry of judgment or suspension of a sentence, for the conviction of a felony?. .... Yes  No
11. Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state? ..... Yes  No
12. Are you currently subject to a restraining order, injunction or other order for protection against domestic violence in this or any other state?.....  Yes  No
13. Are you currently on parole or probation for a conviction in this or any other state?.....  Yes  No
14. Have you ever renounced your United States Citizenship?.....  Yes  No
15. Have you been dishonorably discharged from the Armed Forces?..... Yes  No

**DO NOT WRITE IN THIS AREA. POLICE AGENCY USE ONLY.**

**STATE OF NEVADA  
APPLICATION FOR CONCEALED FIREARM PERMIT**

**List all residences, starting with your current address, for the past 10 years (5 years for renewals)**

	Address (including Apt #)	City & State	Date of Residence	
			From:	To:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**List all other names used (including first, middle, last, and maiden name)**

1.	3.
2.	4.

**AFFIDAVIT**

**THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY PART OF ANY DOCUMENT SUBJECTS THE APPLICANT TO DENIAL OR REVOCATION OF THE PERMIT FOR WHICH THIS APPLICATION IS SUBMITTED.**

Before me this day personally appeared \_\_\_\_\_  
*Name of Applicant*

who being duly sworn, deposes and says:

**I DO HEREBY SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT THE FOLLOWING ASSERTIONS ARE TRUE AND CORRECT:**

- A. The information contained in this application and all attached documents are true and correct to the best of my knowledge.
- B. I agree to immediately notify the issuing agency Concealed Weapons Unit if charged, arrested, or convicted of any crime in this state or under the laws of any state, or territory or possession of the United States.

Date \_\_\_\_\_

X \_\_\_\_\_  
*Signature of Applicant*

**TYPE OF IDENTIFICATION PRODUCED**

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Identification Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Sheriffs' Employee: \_\_\_\_\_ Personnel Number: \_\_\_\_\_

**WAIVER AND AUTHORIZATION  
TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN:**

I authorize you to furnish the **Carson City Sheriff's Office** with any and all information that you have concerning me, my employment records, my reputation, my physical and mental condition and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the police department in determining my qualifications and suitability for a Concealed Firearms Permit.

In compliance with Federal Confidentiality Rules (42 CFR, Part 2), this waiver includes the release of medical records pertaining to the voluntary and/or involuntary commitment to a mental health facility for treatment of physical and mental illness and alcohol/drug abuse.

In addition to the above requested information, you may release arrests, detentions, field citations, field interview cards, officers' records, jail/custody booking records, traffic citations, and traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports or information source.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and any other legal provisions, and with the understanding that information furnished will be used by the **Carson City Sheriff's Office** in conjunction with my application for a Concealed Firearms Permit.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar

**THIS AUTHORIZATION IS VALID FOR FIVE (5) YEARS FROM THE DATE SIGNED.**

I declare under penalty of perjury under the laws of the State of Nevada, that the foregoing is true and correct.

\_\_\_\_\_  
Applicant's Signature

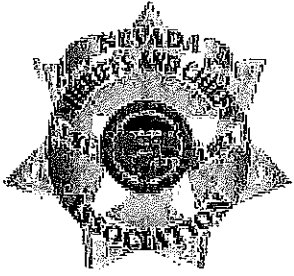
\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
SHERIFFS' Employee

\_\_\_\_\_  
Date

**NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM FOR YOUR FILES.**



# Nevada Sheriffs and Chiefs Firearms Safety Course Certification of Completion and Firearms Proficiency Certificate



(TO BE COMPLETED BY INSTRUCTOR ONLY)

Issued to: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant - Please print clearly

I, \_\_\_\_\_, an instructor for \_\_\_\_\_  
Instructor's Name - Please Print Clearly Name of Business - Please Print Clearly

certify that the above named applicant has completed a course of instruction to include the following:

	Applicant Initials	Instructor Initials
Successfully completed a course of instruction and demonstrated proficiency in basic firearm knowledge and the safe handling of firearms.		
Successfully completed a course of instruction and demonstrated proficiency in ammunition knowledge and the safe handling of ammunition.		
Successfully completed a course of instruction and demonstrated proficiency in the cleaning and the care of firearms.		
Successfully completed a course of instruction and demonstrated proficiency in storage and child proofing firearms.		
Successfully completed a course of instruction and demonstrated proficiency in handgun shooting techniques and positions.		
Successfully completed a course of instruction in the laws pertaining to the use of firearms in the State of Nevada and the County in which the application is submitted.		
Successfully completed a course of instruction in the use of deadly force, the force continuum, civil and criminal liability.		
Successfully completed a course of instruction in the knowledge of avoiding criminal attack and controlling a violent confrontation.		
Successfully completed a course of instruction and demonstrated proficiency in firing a handgun and range safety.		
Successfully completed and passed a written examination and a firearms qualification course as required.		

Circle all that apply

Full Course (8 Hours): Yes / No . . . . . If Yes, Written Test: Pass / Fail  
 Renewal Course (4 Hours): Yes / No

This certificate satisfies State of Nevada CCW Permit Instructions Requirements.

Location of Classroom and Range (County):

Classroom \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Range \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
 Instructor Signature

Under penalty of perjury, I attest that I have completed an approved course of instruction and qualified with a handgun.

\_\_\_\_\_  
 Applicant Signature

STATES THAT ACCEPT THE NEVADA CONCEALED WEAPON PERMIT:

ALASKA  
ARIZONA  
IDAHO  
INDIANA  
KANSAS  
KENTUCKY  
MICHIGAN  
MISSOURI  
MONTANA  
OKLAHOMA  
SOUTH DAKOTA  
TENNESSEE  
TEXAS  
UTAH  
VERMONT

CONCEALED WEAPON PERMITS ACCEPTED IN NEVADA:  
AS OF JULY 1, 2012

ALASKA  
ARKANSAS  
KANSAS  
LOUISIANA  
MICHIGAN  
MISSOURI  
NEBRASKA  
NEW MEXICO  
NORTH CAROLINA  
SOUTH CAROLINA  
OHIO  
RHODE ISLAND  
TENNESSEE  
WEST VIRGINIA

## Carson City Sheriff's Office Certified CCW Instructors

Company Name	Contact Person	Phone Number	Location
Guns For Hire	Chuck Farrell	775-882-5615	Carson City
Nevada Firearms Academy	Mike Ford	775-884-4867	Carson City
Brian Borg	Brian Borg	775-230-4337	Carson City
Erik Johnson	Erik Johnson	775-885-8071	Carson City
Family Defense Training	Joseph Ray	775-354-1106	Carson City
Mark Lund	Mark Lund	775-882-0209	Carson City
Liberty Certified Firearms	Doc Cottom	775-721-2063	Carson City
Critical Incident Training	John Hitch	775-297-6691	Carson City
WEICOR LLC	J.D. Weiss Montgomery Turner	775-842-4020	Carson City/Reno
KSA Consulting America West Guns	James Campbell Cindy Campbell	775-721-5892	Carson City
Nevada Defensive Training	Steven Brannen	775-636-5261	Carson City
4D Home Services	Bryan P Bales	775-315-4222	Carson City
Tac-Aim	Buddy Morton	775-847-7968	Carson City
Deadeye Firearm Training	D. Ryan Aglietti	775-233-7395	Carson City
Keith Henry	Keith Henry	775-720-7879	Carson City
Trinity Tactical	Gary Underhill	775-622-7009	Carson City
Advanced Firearms & Training	Randall Brooks	775-671-5534	Carson City
American Armed Citizen	Tom Rolfe	775-336-9010	Carson City
CCW Firearm Training	James Crowley	775-691-6670	Carson City