



Douglas County



SHERIFF

"A Tradition of Service"

Ron Pierini
SHERIFF

NSCA TRAINING STANDARDS

Please note the following changes to the Nevada Sheriffs' and Chiefs' Association Concealed Weapon Training Standards effective January 02, 2002:

- All Concealed Weapon training is to take place in the State of Nevada.
- All Concealed Weapon training is to be a minimum of 8 hours in length.
- All Concealed Weapon training is to be no older than 1 (one) year to be considered for an application.
- Out-of-state applicants must apply in the county in which they take their training.
- Sheriff-approved-instructor disqualification procedure.



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Douglas County Sheriff's Office Certified CCW Instructors

Instructors in Douglas County

Company Name	Approved Instructor	Phone Number	Location
Arne Digerud	Arne Digerud	775-782-0312 or 775-781-2763	Genoa
Daniel Linn	Daniel Linn	775-267-4198	Minden
Defensive Training Institute	Mike Bradford John Farnam	775-586-7700	Stateline
Frank Gordon	Frank Gordon	775-265-0941	Gardnerville
Fred Hersey	Fred Hersey	775-266-3435	Gardnerville
Guns and Arrows	Jim Richardson	775-265-4945 or 775-790-1609	Gardnerville
Joe Apple	Joe Apple	775-230-5049	Gardnerville
Matthew Morrison	Matthew Morrison	530-314-6034	Stateline
Patrick J. Shannon	Patrick J. Shannon	775-315-5670	Stateline
Wayne Crow	Wayne Crow	775-720-4929	Gardnerville

Instructors Outside Douglas County

Armed and Safe	Kelly Main	775-560-2741	Reno
CCW Handgun Safety	Stan Mund	775-358-2682 or 775-684-3947	Sparks
Erik R. Johnson	Erik R. Johnson	775-885-8071	Carson City
Guns for Hire	Chuck Farrell	775-882-5615	Carson City
Joseph Winnicki	Joseph Winnicki	775-384-3045	Carson City
Paul Witte	Paul Witte	702-480-3020	Clark County

Non-Resident Instructors

Joseph Dirickx	Joseph Dirickx	209-223-0000	Jackson, CA
Peter Koch	Peter Koch	530-642-1400	Eldorado Co., CA
NORCAL PDS	Aaron Taylor	209-304-9077	Jackson, CA

POST OFFICE BOX 218 • MINDEN, NEVADA 89423

Administration 775/782-9900 • Investigations 775/782-9905 • Civil 775/782-9942 • Jail 775/782-9921

Records 775/782-9933 • Dispatch 775/782-5126 • Fax 775/782-9919



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1. FEES - ALL FEES ARE NON-REFUNDABLE – CHECKS WILL NOT BE ACCEPTED FROM NON-RESIDENTS

- A. **Initial Application:** The following fees must be submitted with your application. These fees consist of:
 - i) A \$60.00 permit and investigation fee payable to Douglas County Sheriff's Office;
 - ii) A \$37.50 fingerprint card processing fee also payable to Douglas County Sheriff's Office.
- B. **Renewal Application:** In addition to the \$37.50 fingerprint fee, a \$25.00 permit fee must be submitted with your application. If you fail to renew your application on or before the date of expiration of the permit, your application for renewal must include an additional late fee of \$15.00.
- C. **Duplicate Permit:** A \$15.00 fee must be submitted for a duplicate 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:

Douglas County Sheriff's Office
P.O. Box 218
1625 Water Street
Minden, Nevada 89423
775-782-9933

- B. Once you have completed your application, bring it to the Douglas County Sheriff's Office, Records Division, to pay fees, have your fingerprints and your photograph taken.
- C. **QUESTION 1.** You must demonstrate competence with a firearm by presenting a certificate or other documentation that shows that you have successfully completed a training course in the use of your firearm(s). This 8-hour 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. This 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. This requirement may be met in one (1) of the following ways:
 - i) Successful completion of a course taught by a certified instructor who is properly licensed to provide this service. The documentation you present must include a copy of your certificate of training and a copy of the instructor's certificate of training that qualifies him/her as a firearms instructor.
 - ii) Successful completion of a course in firearm safety offered by a federal, state or local law enforcement agency, community college, university or national organization that certifies instructors in firearm safety.
- D. **QUESTION 9.** 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. The reason for the delay is that it can take up to 120 days to obtain a record check back from the F.B.I. Incomplete applications cannot be processed. Allow 30 days for processing a renewal application.

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Revised 3/19/2012 Administration 775/782-9900 • Investigations 775/782-9905 • Civil 775/782-9942 • Jail 775/782-9921
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4. **ISSUANCE OF PERMIT (New Application)**
Upon approval of your application, you will be contacted by phone to return to the Douglas County Sheriff's Office for the issuance of your permit. If your permit is denied, you will receive written notification setting forth the reasons for the denial.
5. **NON-RESIDENTS (New Application)**
You will be required to return to the Douglas County Sheriff's Office to pick up your permit unless, at the time of application, you supply an envelope with a **PREPAID CERTIFIED MAIL RECEIPT**.
6. **ISSUANCE OF RENEWAL PERMIT (Residents and Non-Residents)**
There is no waiting period for a CCW renewal. Your permit will be issued the same day you complete the renewal process.
7. **CHANGE OF ADDRESS; OR LOST, STOLEN OR DESTROYED PERMIT**
 - 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:
 - i) Submit a written statement to the Sheriff, signed under oath, stating that your permit has been lost, stolen or destroyed; and
 - ii) 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:
 - i) Notify the Sheriff in writing; and
 - ii) Return the duplicate permit to the Sheriff.
 - C. If you fail to make the aforementioned notifications as indicated, you will be subject to a civil penalty of \$25.00.
8. **TERM OF PERMIT**
A concealed weapon permit issued by the Douglas County Sheriff's Office to carry a concealed weapon expires on the 5th anniversary of the date your permit is issued. This date will apply unless otherwise suspended or revoked for cause.
9. **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 weapon. 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.
10. **ELIGIBILITY**
You are NOT eligible for a permit to carry a concealed weapon if any of the following applies to you:
 - A. You are not 21 years of age.
 - B. You do not provide the required documentation to demonstrated competence with a firearm.
 - C. You have an outstanding warrant for your arrest.
 - D. You have been judicially declared incompetent or insane.
 - E. You have been voluntarily or involuntarily admitted to a mental health facility during the immediately preceding 5 years.
 - F. 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:
 - i) Convicted of violating the provisions of NRS 484.379 (Driving Under the Influence); or
 - ii) Committed for treatment pursuant to NRS 458.290 to 458.350 inclusive (Substance Abuse).
 - G. 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.
 - H. You have been convicted of a felony in this state or under the laws of any state, territory or possession of the United States.
 - I. 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.
 - J. You are currently on parole or probation from a conviction obtained in this state or in any other state or territory or possession of the United States.
 - K. You have, within the 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:
 - i) Withholding of the entry of judgment for your conviction of a felony; or
 - ii) Suspension of your sentence for the conviction of a felony.
 - L. 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

PCN _____

Please type or print in black ink									
Full Name (<i>Last, First, and middle</i>)					Home Phone				
					Cell Phone				
Physical Address (<i>Number, Street, Apt #, City, State, Zip</i>)									
Mailing Address (<i>If different from above</i>)					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.

CCW _____	BIN _____
Spillman _____	SID _____
	NICS _____

**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 (For Office Use Only)

Driver's License Number: _____ Expiration Date: _____ State: _____

Identification Card Number: _____ Expiration Date: _____ State: _____

Sheriffs' Employee: _____ Personnel Number: _____



CIVIL APPLICANT WAIVER

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the following:

1. I hereby authorize (enter name of submitting agency) DCSO, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me.
In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.
2. **In giving the above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated.** (Please initial) _____
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Douglas County Sheriff's Office

Address: 1038 Buckeye Road, Minden, NV 89423

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____