



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.

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 775-782-9911 • Fax 775-782-9919



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DOUGLAS COUNTY SHERIFF'S OFFICE APPROVED CCW INSTRUCTIONS

INSTRUCTORS IN DOUGLAS COUNTY

Wayne Crow	(775) 720-4929
Arne Digerud	(775) 782-0312 or (775) 781-2763
Frank Gordon	(775) 265-0941
Jack Hendee	(775) 781-4009
Fred Hersey	(775) 266-3435
Daniel Linn	(775) 267-4198
Jim Richardson	(775) 265-4945 or (775) 790-1609
Bill Vining	(775) 265-7706

INSTRUCTORS OUTSIDE DOUGLAS COUNTY

Erik R. Johnson Carson City	(775) 885-8071
Paul Witte Clark County	(702) 480-3020

ARMED & SAFE Kelly Main	(775) 560-2741
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CCW HANDGUN SAFETY Stan Mund	(775) 358-2682 or 684-3947
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DEFENSIVE TRAINING INSTITUTE Mike Bradford John Farnam	(775) 586-7700
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GUNS FOR HIRE Chuck Farrell	(775) 882-5615
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NON-RESIDENT INSTRUCTION Peter Koch Joseph Dirickx	(530) 642-1400 (209) 223-0000
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APPLICATION FOR CONCEALED WEAPON PERMIT GENERAL INFORMATION AND INSTRUCTIONS

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 \$45.00 fingerprint card processing fee also payable to Douglas County Sheriff's Office.
 - B. **Renewal Application:** In addition to the \$45.00 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 of 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 10/8/2007 Administration 775/782-9900 • Investigations 775/782-9905 • Civil 775/782-9942 • Jail 775/782-9921
Records 775/782-9933 • Dispatch 775/782-9911 • Fax 775/782-9919

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

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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
2. Have you ever been judicially declared mentally incompetent or insane?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
3. Have you ever been admitted to a mental facility?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
9. Have you ever been convicted of a felony in this state or any other state?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
11. Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state?..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
13. Are you currently on parole or probation for a conviction in this or any other state?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
14. Have you ever renounced your United States Citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									
15. Have you been dishonorably discharged from the Armed Forces?..... <input type="checkbox"/> Yes <input type="checkbox"/> No									

DO NOT WRITE IN THIS AREA. POLICE AGENCY USE ONLY.		BIN _____
CCW _____		SID _____
Spillman _____		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: _____

**WAIVER AND AUTHORIZATION
TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I authorize you to furnish the _____ with any and
(Law Enforcement Agency)

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 _____ in conjunction with my application for a
(Law Enforcement Agency)
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 laws.

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.



Douglas County



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CHILD SUPPORT INFORMATION

MARK ONE RESPONSE ONLY

Failure to mark one of the three will result in denial of the application.

I am not subject to a court order for the support of one or more children.

I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number _____ - _____ - _____

PRINT Applicant's Name _____
Last First Middle

Signature of Applicant _____

Date _____