

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

Initial Application Renewal Application

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 Code</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 by placing 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. FOR POLICE AGENCY USE ONLY.

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List all residences, starting with your current address, for the past 10 years (5 years for renewals).			
Address (including Apt. #):	City and State:	Dates of Residency	
		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 _____ who being duly sworn, deposes and says:
Name of Applicant

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: _____

Sheriff's Employee: _____ Personnel Number: _____

**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.		

Check All That Apply:

Full Course (8 Hours): Yes No If "Yes", Written Test: Pass Fail

Renewal Course (4 Hours): Yes No Add Weapons Only: Yes No

Check all types of weapons that apply: Revolver Semi-Automatic

This certificate satisfies State of Nevada CCW Permit Instructions Requirements.

Location of Classroom and Range (County):

_____	_____	_____
<small>Classroom</small>	<small>Date</small>	<small>Time</small>
_____	_____	_____
<small>Range</small>	<small>Date</small>	<small>Time</small>

<small>Instructor's Signature</small>		

Under penalty of perjury, I attest that I have completed an approved course of instruction and qualified with each type of firearm listed above.

Applicant's Signature

**MINERAL COUNTY SHERIFF'S OFFICE
WAIVER AND AUTHORIZATION TO
RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Mineral County 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 records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Department in determining my qualifications and suitability for a Concealed Firearms Permit.

In addition to the above requested information, you may release arrest, detention, field citations, field interview cards, officer's records, jail/custody booking records, traffic citations, and traffic accidents information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and other criminal justice records, reports or information sources.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information. Information furnished will be used by the Mineral County 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 that may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

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

Applicant

Date of Birth

Applicant's Signature

Date

Witness Signature

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 in your files.