Carson City Sheriff's Office
CONCEALED FIREARM PERMIT APPLICATION

Submit completed application in person at:

Civil Division

(775) 887-2500

911 E. Musser St.

Carson City, NV 89701

Monday, Wednesday, & Friday: Appointment Only

Tuesday & Thursday: Walk-in from 8:30am-10:30am; Appointment only from 1:00pm-4:00pm

GENERAL INFORMATION & INSTRUCTIONS

1. **REQUIRED TRAINING**

   Applicants must complete a Basic Firearms Course approved by the Sheriff and conducted by a certified instructor. Please refer to https://carson.org/government/departments-g-z/sheriff-s-office/about-us/divisions/civil-and-records-division/concealed-weapons-division regarding course eligibility.

2. **COMPLETING THE APPLICATION: PRINT LEGIBLY OR TYPE IN BLACK INK**
   a. Complete all pages of the application packet *(all signatures should be completed in the presence of the Fingerprint Bureau personnel).*
   b. Indicate your full name as it appears on your government issued identification. Include any previous names used (i.e. maiden name, married names and any legal name changes).
   c. List your current address in the **"PHYSICAL ADDRESS"** space; PO boxes and work addresses ***are not*** acceptable. If the mailing address is different from the physical address, please provide the information in the **"MAILING ADDRESS"** space *(PO boxes and work addresses **are** acceptable as a mailing address)*. In the address history section, list all complete addresses where you have resided during the last ***10 years*** (five years for renewal applications), including present address. PO boxes and work addresses are not acceptable.
   d. A background investigation will be conducted on each applicant. Should any information not be verifiable (such as dispositions of criminal charges) it is the responsibility of the applicant to provide required information.

3. **ITEMS TO BRING WITH YOU**
   a. **U.S. Citizens-** State (DMV) issued identification (i.e. driver's license, identification card). Your identification must reflect the address where you currently reside. If you have recently become a Nevada resident, you must surrender the driver's license of your prior state of residency to the Nevada Department of Motor Vehicles and obtain a Nevada driver's license prior to submitting your application.
   b. ***Naturalized Citizens or Foreign Born Citizens-*** Persons born outside of the United States **MUST** provide ***original*** documentation of US citizenship or permanent residency. A Naturalization Certificate or Permanent Resident Alien Registration Card issued by Citizenship and Immigration Services, a current unexpired US Passport, or a certificate of birth issued by a United States Consulate (Certificate of Report Born Abroad) are acceptable forms of documents; expired US Passports and military/hospital birth certificates are ***not*** acceptable.
   c. **Legal Aliens (Immigrant, Legal Permanent Resident, and Non-Immigrant)-** Proof of lawful alien status must be provided and must be possessed to prove lawful possession of firearms. You must also provide proof of your current residence.
      i. **Immigrant Alien & Legal Permanent Resident-** A copy of your Alien card, which must not be expired and include an AR#, USCIS#, or A#
      ii. **Non-Immigrant Alien-** A copy of your Visa or Employment Authorization card (if required by DHS), valid Passport, I-94, AR# or A# (You also may require a valid hunting license, based upon visa type)
      iii. **All parties, for this section,** must meet the requirements listed in 18 U.S.C. 922 (d)(5), (g)(5) and (y)(2); 27 CFR 478.11 and 478.32(a)(5), in order to lawfully possess firearms in the U.S.

4. **RENEWALS**

You may begin the renewal process 120 days **BEFORE** the permit expires. This will ensure the continuity of your permit. If a permit has been expired more than 120 days, the application for renewal shall be treated as an initial application. Renewal applications require the same documentation as an initial application.

5. **DUPLICATE/CHANGE OF ADDRESS/CHANGE OF NAME**
   a. **Duplicate:** A non-refundable fee is required to replace a lost, stolen or destroyed permit. Additionally, an affidavit or written statement must be completed.
   b. **Change of Address:** Under Nevada law, you are required to notify this office in writing within 30 days of changing your address. Failure to comply will result in a penalty fee being assessed.
   c. **Change of Name:** A non-refundable fee is required to change your name on your permit.

6. **FEES**

A non-refundable fingerprint and investigation processing fee is required at the time of application; please refer to

the CCSO website https://carson.org/government/departments-g-z/sheriff-s-office/about-us/divisions/civil-and-records-division/concealed-weapons-divisionfor current fee information and payment types accepted.

7. **ELIGIBILITY**
   a. ***You are NOT eligible to carry a Concealed Firearm Permit if any of the following apply:***
      1. You are under 21 years of age, unless you meet the military exemption.
      2. You do not provide the required documentation to demonstrate competence with a firearm.
      3. You are a fugitive from justice.
      4. You have been judicially declared mentally incompetent or insane.
      5. You have been admitted to a mental health facility, within the last 5 years
      6. You have habitually used intoxicating liquor or a controlled substance to the extent that your normal faculties are impaired, including DUI convictions within five previous years and Medical Marijuana Patients.
      7. You have been convicted of a crime involving the use, or threatened use of force or violence, including misdemeanor convictions, within the last three (3) years.
      8. You have been convicted of a felony.
      9. You have been convicted of a crime involving domestic violence or stalking, or you are currently subject to a restraining order or other order of protection against violence.
      10. You are currently on parole or probation.
      11. You have been, within the preceding five (5) years, subject to any requirements imposed by a court as a condition to:
          a. Withholding the entry of judgment for your conviction of a felony, or
          b. Suspension of your sentence for the conviction of a felony, or
          c. Indictment by a Grand Jury.
      12. You have made a false statement on any application.
      13. You were dishonorably discharged from the Armed Forces.
      14. You are not lawfully admitted into or are no longer lawfully within the United States.
      15. You are prohibited from possessing a firearm under state and federal law, city and/or county ordinances.

8. **ISSUANCE OF PERMIT**

Allow 120 days for your permit to be issued; this applies to both initial and renewal permit applications. Upon approval, your permit will be mailed to you. In the event your application is denied, you will be notified in writing, stating the reason(s) for denial. You may seek judicial review of the denial by filing a petition in District Court.

9. **CARRYING OF PERMIT**

Your concealed firearms permit is valid throughout the State of Nevada. For specific prohibited locations, refer to Nevada Revised Statute 202.3673. When you are in possession of a concealed firearm, you must carry the permit and your driver's license/state identification. Both the permit and proper identification must be presented if requested by a peace officer.

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APPLICANTS ARE ADVISED:

1. **This application is an official document; falsification or misrepresentation of any part, or any document attached hereto subjects the applicant to denial.**
   <u>If there is evidence of an intentional falsification or omission, the applicant may be charged with Forgery, which is a category C felony.</u>
2. **It shall be the responsibility of the applicant to familiarize himself/herself with the provision of the Statutes, Ordinances, Rules and Regulations pertaining to the privilege of carrying a concealed firearm, and in particular with the provisions of Sections 200.120, 200.130, 200.160, 200.200, 202.253, 202.257, 202.265, 202.280, 202.285, 202.290, 202.300, 202.320, 202.350, 202.360 and 202.3653 to 202.3677, inclusive of the Nevada Revised Statutes; any applicable local ordinances; Federal Law: Title 18 U.S. Code, Section 922 (d)(5), (g)(1-9), (n), and (y)(2); 27 CFR 478.11 and 478.32(a)(5)**

CCSO USE ONLY:

Carson City Sheriff's Office

Date: _____

CONCEALED FIREARM PERMIT APPLICATION

MNI:_____

☐ Initial Application ☐ Renewal Application

Please type or print legibly in BLACK ink

First Name:	Middle Name:	Last Name:

List all names ever used, including maiden name, any married names and any legal name changes:

1. _____ 2. _____

3. _____ 4. _____

SSN:	Birthdate:	Citizenship:	Place of Birth:

Permanent Resident, Alien Registration, or Alien ID#:	Visa, Permanent Resident, Alien Registration, or Alien ID# Expiration:

Sex: ☐ M ☐ F	Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Indian ☐ Other		
Height:	Weight:	Hair Color:	Eye Color:

Physical Address *(including Bldg/Apt#):*	City:	State:	Zip:
Mailing Address *(including Bldg/Apt#):*	City:	State:	Zip:

Home Phone:	Cell Phone:

Employer:	Work Phone:
Employer Address:	Occupation:

Answer each of the following questions by checking the appropriate box:

		YES	NO
1.	Are there currently any outstanding warrants for your arrest?.....	☐	☐
2.	Have you ever been judicially declared mentally incompetent or insane?.....	☐	☐
3.	Have you ever been admitted to a mental health facility?.....	☐	☐
4.	During the five years immediately preceding the date of this application, have you been convicted of driving under the influence of alcoholic or controlled substance(s) in this or any other state?.....	☐	☐
5.	During the five 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?.....	☐	☐
6.	During the five years immediately preceding the date of this application, have you been committed for treatment of the abuse of alcoholic beverages or narcotics in this or any other state?.....	☐	☐
7.	During the five 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?.....	☐	☐
8.	During the three 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?.....	☐	☐
9.	Have you ever been convicted of a felony in this or any other state?.....	☐	☐
10.	During the five 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 of suspension of a sentence, for the conviction of a felony?.....	☐	☐
11.	Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state?	☐	☐
12.	Are you currently subject to a restraining order, injunction or other order for protection against domestic violence in this or any other state?.....	☐	☐
13.	Are you currently on parole or probation for a conviction in this or any other state?.....	☐	☐
14.	Have you ever renounced your United State's citizenship?.....	☐	☐
15.	Have you been dishonorably discharged from the Armed Forces?.....	☐	☐
16.	Are you between the ages of 18 and 21 and meet the military exemption to obtain a permit?	☐	☐
17.	During the year immediately preceding this application, have you used marijuana?.....	☐	☐

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If you answered "YES" to any of the questions on the previous page, please explain below (add additional pages if necessary).

_____

_____

List all residences, beginning with the current address, for the past 10 years (5 years for renewal applicants):

Street Address *(including Bldg/Apt#)*	City & State	Dates of Residency Mo/Yr - Mo/Yr
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

AFFIDAVIT

To be completed in the presence of an CCSO Employee.

This application is executed under oath. Falsification or misrepresentation of any part, or any document attached 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:
(Applicant's Name)

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's Concealed Weapons Detail if charged, arrested, or convicted of any crime in this state or under the laws of any state, territory or possession of the United States.

Date: _____ **Signature of Applicant:** _____

FOR CCSO USE ONLY – IDENTIFICATION VERIFICATION

STATE/DMV Issued Identification:

❑ Driver's License # ***or***

❑ State Identification ID # _____ Exp Date: _____ State: _____

Retain Copies For Below

❑ US Passport # _____ Exp Date: _____

❑ Naturalization# _____ ❑ Alien ID/Resident# _____

CCSO Employee: _____ P#: _____

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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 mental health 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 qualification 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 for the admission and discharge dates to a mental health facility for treatment of mental health.

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 laws.

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

_____

Applicant's Full Name (*please type or print legibly in black ink)*

_____ _____

Applicant's Signature Date

_____ _____

CCSO Employee Date

NOTE: ***A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain a copy of 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's Name

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): If Full Course , Written Test: ☐ Pass ☐ Fail

☐ Renewal Course (4 Hours)

This certificate satisfies the State of Nevada's CCW Permit Instruction Requirements.

Location of Classroom and Range (please include County):

_____ Date: _____ Times: _____ to _____

Classroom Address

_____ Date: _____ Times: _____ to _____

Range Address

_____

Instructor Signature

Under penalty of Perjury, I attest that I have completed an approved course of instruction and qualified with a handgun. I understand filing a false application is an act of Forgery and a violation of Nevada law.

_____

Applicant Signature