

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 \$105.00 must be submitted with your application in the form of cash or a money order made payable to the Carson City Sheriff's Office.
- (B) Renewal application: A \$70.00 permit fee payable in cash or money order to the Carson City Sheriff's Office must be submitted with your application. If you fail to renew your permit 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 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) Inquires necessary to facilitate completion of your application should be directed to a service representative at:

Carson City Sheriff's Office
901 E. Musser Street
Carson City, NV 89701
Telephone: 887-2500

- (B) Once you have completed your application, bring it to the Carson City Sheriff's Office, Records Section, to pay fees and have your fingerprints and photograph taken.
- (C) QUESTION 1. You must demonstrate competence with a firearm by presenting a certificate or other documentation 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. This training must be completed within the State of Nevada and 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:
 - 1. Successful completion of a course taught by a Nevada Sheriffs and Chiefs certified instructor who is properly licensed to provide this service. The documentation you present must include both a copy of your certificate of training and a copy of the instructor's certificate of training which qualifies him/her as a firearms instructor.
 - 2. 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 certified instructors in firearm safety and approved by the Nevada Sheriffs and Chiefs Association.
- (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 records check back from the F.B.I.. Incomplete applications cannot be processed. Allow 30 days for processing a renewal application.

4. ISSUANCE OF PERMIT

Upon approval of your application, you will receive your permit via the U.S. 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 will be subject to a civil penalty of \$25.00.

6. TERM OF PERMIT

A resident concealed weapon permit issued by the Carson City Sheriff's Office to carry a concealed firearm expires on the 5th anniversary of your birthday, measured from the birthday nearest the date of issuance or renewal, unless otherwise stated, suspended or revoked for cause. If your birthday is on February 29th in a leap year, February 28th shall be considered to be your birthday for the purposes of determining the expiration date of this permit.

A non-resident permit expires on the 3rd anniversary of your birthday.

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 from 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 judgement 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.

**CARSON CITY SHERIFF'S OFFICE
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 conditions, and my military records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Office in determining my qualifications and suitability for a Concealed Firearms Permit.

In addition to the above requested information, you may release arrests, detention, field citations, field interview cards, officer's 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 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. Information furnished will be used by the Carson City Sheriff's Office in conduction 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 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.

Carson City Sheriff's Office
Application for a Concealed Weapons Permit

(Please type or print in ink)

Full Name (Last, First, Middle)			Residence Telephone			
Residence Address (Number, Street, City, State, Zip Code)			Business Telephone			
Mailing Address (If different from above)						
List All Aliases, Tattoos, Scars, Marks			Citizenship/Immigration Number			
Date of Birth		Race	Sex	Hgt	Wgt	
Hair	Eyes	Social Security Number		Place of Birth		
Name and Address of Employer			Occupation			
1.	Have you received training with each firearm that you are applying to carry as a concealed weapon?				Yes	No
2.	Are there currently any outstanding warrants for your arrest?				Yes	No
3.	Have you ever been judicially declared mentally incompetent or insane?				Yes	No
4.	During the 5 years immediately preceding the date of this application, have you been voluntarily or involuntarily admitted to a mental health facility?				Yes	No
5.	During the 5 years immediately preceding the date of this application, have you been convicted of driving under the influence of alcohol or controlled substances in this state or in any other state, territory or possession of the United States?				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 state or in any other state, territory or possession of the United States?				Yes	No
7.	During the 5 years immediately preceding the date of this application, have you been committed for treatment of the abuse of or convicted of a crime related to controlled substances in this state or in any other state, territory or possession of the United States?				Yes	No
8.	During the 3 years immediately preceding the date of this application, have you been convicted of a crime involving use or threatened use of force or violence punishable as a misdemeanor under the laws of this state or any other state, territory or possession of the United States?				Yes	No
9.	Have you ever been convicted of a felony in this state or under the laws of any other state, territory or possession of the United States?				Yes	No
10.	Have you ever been convicted of a crime involving domestic violence or stalking in this state or under the laws of any other state, territory or possession of the United States?				Yes	No
11.	Are you currently subject to a restraining order, injunction or other order for protection against domestic violence in this state or in any other state, territory or possession of the United States?				Yes	No
12.	Are you currently on parole or probation from a conviction obtained in this state or in any other state, territory or possession of the United States?				Yes	No
13.	Within the 5 years immediately preceding the date of this application, have you been subject to any requirements imposed by a court of this state or of any other state, territory or possession of the United States as a condition to the court's withholding of the entry of judgment for the commission of a felony or suspension of a sentence of the conviction of a felony?				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
List all prior residences in the past 5 years:		ADDRESS	CITY AND STATE	DATES OF RESIDENCE		
List the firearms(s) that will be carried under the authority of this permit: MAKE			MODEL	CALIBER		

THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR 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:

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

- (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, understand and will abide by all applicable laws of the State of Nevada and Carson City relative to the use of firearms.
- (c) I agree to maintain proficiency with the firearms listed on this permit and to exercise due care and diligence in the handling, carrying and use of said firearms.
- (d) I accept full responsibility of my actions while carrying a firearm under the provisions of this permit, and I hold harmless Carson City, the Carson City Sheriff's Office and all of its employees from any legal action or liability resulting from the granting of this permit.

Signature of Applicant

STATE OF NEVADA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 200_, by

Name of person making statement

Personally known _____

or

Produced Identification _____ Type of identification produced _____

(Seal)

Signature of Notary

Signature of Sheriff's Office Employee