



Douglas County



SHERIFF

"A Tradition of Service"

Daniel J. Coverley
SHERIFF

NSCA TRAINING STANDARDS

- 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.



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APPLICATION FOR CONCEALED WEAPON PERMIT GENERAL INFORMATION AND INSTRUCTIONS

1. **FEES** ALL FEES ARE NON-REFUNDABLE
 - A. Initial Application: The following fees must be submitted with your application.
\$99.00. This includes the \$60.00 permit fee, and \$39.00 fingerprint processing fee.
 - B. Renewal application:
\$64.00 This includes the \$25.00 permit fee, and the \$39.00 fingerprint processing fee. We will not accept Renewal permit applications after one year of expiration.
 - 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.
 - D. Late Fee: A \$15.00 late fee will be applied to any application not submitted on or before the date of expiration.
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 Records Division
P.O. Box 218
1038 Buckeye Road
Minden, Nevada 89423
775-782-9933
 - B. Bring the completed application to the Douglas County Sheriff's Office Records Division, to pay fees and have your photograph taken.
 - C. Your application must include a course certificate from a recognized instructor. This training must be completed within the 12 months prior to the date of your application. All training must occur in the state of Nevada and be 8 hours in length for an initial application and 4 hours for a renewal.
 - D. 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**
State law provides up to 120 days for processing your application.
4. **ISSUANCE OF PERMIT**
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. Non-residents can arrange for the permit to be sent certified mail. Inquire at time of application for details. If your permit is denied, you will receive written notification setting forth the reasons for the denial.

5. **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:
 - 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 Nevada concealed weapon permit expires 5 years from the date of issuance.

7. **CARRYING OF PERMIT**

- A. Your concealed weapon permit authorizes you to carry a handgun anywhere in the STATE OF NEVADA, except where prohibited by law or regulation, during the term of the permit unless the permit has been suspended or revoked.
- B. You must carry the permit with proper identification whenever you are in actual possession of a concealed handgun. 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 handgun 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 demonstrate 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:
 - 1. Convicted of driving under the influence of drugs or alcohol; or
 - 2. Committed for treatment pursuant to NRS458.290 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:
 - 1. Withholding of the entry of judgment for your conviction of a felony; or
 - 2. 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.

PCN: _____

STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

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 Code):									
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 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.									
CCW: _____									
Spillman: _____									

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 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 (For Official Use Only)

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

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

Sheriff's Employee: _____ Personnel Number: _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Douglas 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 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 Douglas 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 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

Sheriff's Office 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.



Nevada Department of **Public Safety**

Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by Douglas County Sheriff's Office
(*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize Douglas County Sheriff's Office (name of requesting agency), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records 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.

6. 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.

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

Applicant's Name:

PLEASE PRINT

Last Name

First Name

Middle

ADDRESS:

PLEASE PRINT

Applicant's Signature: _____

Date: _____

Submitting Agency:

Douglas County Sheriff's Office

Address:

1038 Buckeye Road

Minden, NV 89423

Agency Representative:

PLEASE PRINT

Last Name

First Name

Middle

Agency Representative Signature: _____

Date: _____