



El Dorado County Sheriff's Office

Carry Concealed Handgun
Firearms Training and Weapon Verification

I attest that _____ has completed the below listed instruction acceptable to the Sheriff pursuant to CA Penal Code Section §26165(a).

16-hour initial 8-hour renewal Add weapon(s)

California Concealed Handgun Course which minimally included instruction on firearm safety and the law regarding the permissible use of a firearm.

Dates of Class/Firearm Safety Inspection: _____

I, the below listed CCW/Firearms Training Instructor, do hereby certify that the weapons listed below have passed safety inspections and serial numbers verified.

| Make | Model | Caliber | Serial Number | Score | Pass/ Fail | Instructor Initials |
|------|-------|---------|---------------|-------|---------------|------------------------|
| | | | | /30 | | |
| | | | | /30 | | |
| | | | | /30 | | |
| | | | | /30 | | |
| | | | | /30 | | |

**EACH FIREARM MUST PASS WITH 80% QUALIFICATION SCORE (24 out of 30)
LIMIT OF 5 FIREARMS MAXIMUM ARE ALLOWED ON ALL CCW APPLICATIONS**

** WE DO NOT ALLOW ANY WRITE-OVERS OR CROSS-OUTS.*

Instructor Business Name (printed): _____

Instructor Name (printed): _____

Instructor Signature: _____

Instructor Certification# _____ Exp. Date: _____

*We **only** accept Firearms Instructors who are certified by the CA Department of Justice.*

Instructor Contact Number: _____

Instructor Email: _____

THIS FORM SHALL BE SUBMITTED IN PLACE OF OR ACCOMPANY ANY RANGE MASTER/INSTRUCTOR DOCUMENTATION FOR ALL CCW APPLICATION TYPES – NEW, RENEWAL AND WEAPON MODIFICATION.