City of Mt Shasta Police Department
Chief Parish D. Cross

303 N Mt Shasta Blvd Mt Shasta, CA 96067
(530) 926-7540 fax (530) 926-3601

Firearms Qualification Course for CCW Applicants

Applicants Name:_____Date:_____
(Please Print)

Applicant is limited to 3 "reputable" guns of .22, .380 cal or larger weapon(s)

1. Make_____Serial No._____Cal_____Model_____
2. Make_____Serial No._____Cal_____Model_____
3. Make_____Serial No._____Cal_____Model_____

Target: B-27 PRO-G silhouette or equivalent.
Qualification: 80% - 16/20 shots within the 9 ring (line counts).
Course of fire: Static course at the 7 yard line, 4 volleys, 20 rounds total, no time limit.
Reload between stages (if necessary). Shoot the entire course strong-hand supported.

First volley	5 rounds, scan & re-holster
Second volley	5 rounds, scan & re-holster
Third volley	5 rounds, scan & re-holster
Fourth volley	5 rounds, scan & re-holster

Firearm 1 SCORE_____/_____ Pass_____Fail_____

Firearm 2 SCORE_____/_____ Pass_____Fail_____

Firearm 3 SCORE_____/_____ Pass_____Fail_____

APPLICANTS SIGNATURE_____DATE_____

Certified Firearm Instructor Name:_____

Certified Firearm Instructor Signature: _____

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CCW RENEWAL OR MODIFY/UP-DATE INFORMATION FORM

Applicant Information (complete all)

Name: _____ Date of Birth:_____

CII NUMBER: _____ (found on current CCW)

HGT: _____ WGT: _____ EYE: _____ HAIR: _____

NEW ADDRESS (if applicable): _____

RESIDENCE ADDRESS:_____

_____
City State Zip

Mailing address (if different)

_____
Street City State Zip

PERSONAL PHONE NO'S (HOME)_____ CELL: _____

EMAIL ADDRESS: _____

BUSINESS/EMPLOYER: _____ OCCUPATION: _____

BUSINESS PHONE NO: _____

BUSINESS ADDRESS: _____
Street City State Zip

If you answer yes to any of the following questions, please explain in detail in the space provided on this page:

Firearms changes? ____Yes ____ No
In the past 2 years (24 months) have you been arrested? ____ Yes ____ No
(includes misdemeanor citations)
Named in a restraining order (TRO)? ____Yes ____ No
Received any type of counseling? ____Yes ____ No
Are you now or have you been under a doctor's care for any psychiatric reason? ____Yes ____ No
Have you been prescribed any medication? ____Yes ____No

NOTE: Standard CCW permit allows up to 3 firearms. All firearms need to be verified by the Police Department before being added to permit.

Firearm Changes: Manufacturer Serial # Model Caliber
____ Add ____ Delete _____
____Add ____ Delete _____
____Add ____ Delete _____

Additional Comments:

Signature of CCW holder: _____

NOTE
Under Section 12051(b) and 12051(c) of the California Penal Code, it can be a misdemeanor and/or a felony to knowingly furnish false information on the CCW License Update/Renewal form and supplement to your original application. Any false or misleading statements made on this form may also be cause for the revocation of your CCW License and forfeiture of any fees paid.

CONCEALED WEAPON LICENSES RENEWAL APPROVED: DENIED:

BY: _____ TITLE:_____ DATE:_____

Please allow 2-4 weeks for processing

MT SHASTA POLICE DEPARTMENT
CCW LICENSE RENEWAL
ATTESTATION PAGE

APPLICANT'S NAME:_____

I hereby attest to understanding and declare the following is true:

FEDERAL AVIATION REGULATION 121.583
US GOVERNMENT CODE TITLE 49, CHAPTER 26, SECTION 1472(1)

A concealed weapon license does not authorize a person to carry a firearm, tear gas, or any dangerous weapon aboard commercial airlines. Further, a person must declare that he/she is carrying such a firearm, tear gas, or dangerous weapon before entering the boarding area of an air terminal where the security checks are made. Such violation can result in arrest by either local or Federal authorities or both.

CONCEALED WEAPON PERMIT RESTRICTIONS AND CONDITIONS AGREEMENT

The following are restrictions and conditions that must be acknowledged and agreed to by the applicant prior to the processing of the Concealed Weapon Permit application. While exercising the privileges granted to the licensee under the terms of this license, the licensee shall not, when carrying a concealed weapon:

- Consume any alcoholic beverage.
- Be under the influence of any medication or drug, whether prescribed or not.
- Refuse to show the license or surrender the concealed weapon to any peace officer upon demand.
- Impede any peace officer in the performance of his duties.
- Present himself/herself as a peace officer to any person unless he/she is, in fact a peace officer as defined by California law.
- Unjustifiably display a concealed weapon.
- Carry any concealed weapon not listed on the permit.
- Carry a concealed weapon at times or circumstances other than those specified in the permit.

Any arrest for a felony or serious misdemeanor, including driving under the influence of alcohol and/or drugs, is cause for invalidation of said permit. Any violation of these restrictions or conditions invalidates said Concealed Weapon Permit and voids any further use of said permit until reinstated by the Chief of Police.

HOLD HARMLESS AND IDEMNIFICATION AGREEMENT

I agree to hold the City of Mt. Shasta, it's officers and employees including the Mt Shasta Police Department and the Police Chief and his agents, harmless from and to indemnify them against any and all liabilities including judgments, costs and attorney's fees that may occur as the result of my possession and/or use of the concealable firearms(s) named on the license, issued to me by the Mt Shasta Police Department.

Licensee agrees that by accepting the Permit to Carry a Concealed Weapon, he/she will hold harmless the City of Mt Shasta, the Mt Shasta Police Department and any and all officers or employees thereof from any claim, suit, or judgment arising in any way of the exercise of the right granted by any Concealed Weapon Permit issued to this applicant. (Government Code 818.4)

_____

Signature of Applicant Date