

PLACER COUNTY SHERIFF CORONER-MARSHALL

CONCEALED WEAPON PERMIT RENEWAL INFORMATION

Please provide the following current information:

1. Full Name:					Permit # (local agency number):			
Home	Address	S:		City/	City/State:		ip:	
Mailing Address:								
Home phone: () Cell: ()_)	Work: ()			
Employer Name:					Occupation:			
Employer Address:					State:	zZip:		
arı	During the past 2 years have you had any contacts with law enforcement? This includes traffic citations, arrests, any involvement with weapons, or any incidents. \Box Yes or \Box No If Yes, please explain on the back of this form.							
	_	e past 2 years have you r No If Yes, plea				-	<u>-</u>	
	Please explain your current reason for desiring to continue to carry a concealed weapon permit (Self-protection does not qualify as a complete answer):							
	uring th	e past 2 years have you	applied for	r a CCW in an	y other jurisdict	ion?		
	\square Yes or \square No If Yes, please explain on the back of this form.							
iss	Do you understand that when issued this CCW belongs to the Placer County Sheriff's Department and is issued as a privilege; it is not a right, and if revoked, the permit must be returned to the Placer County Sheriff's Department? No							
7. W	eapons	Changes: □ Yes or	□ No If	Yes, please lis	t changes belov	V .		
ADD DE	ELETE	MANUFACTURER	·	SERIAL#	CALIBER	MODEL	ТҮРЕ	
Applic	cant Sig	nature:			Date:			
Appro	oved By	:			Date:			

If YES to question 2:
If YES to question 3:
If YES to question 5:
Where applied?
Was permit issued? ☐ Yes or ☐ No If no, please explain why?