

Churchill County Sheriff's Office

Carry Concealed Weapon Permit Info

APPLICATIONS & FINGER PRINTS WILL BE PROCESSED ON:

TUESDAY 8:30am – 10:30am & 1:00pm – 4:00pm

WEDNESDAY 8:30am – 10:30am & 1:00pm – 4:00pm

THURSDAY 8:30am – 10:30am & 1:00pm – 4:00pm

Please have the EXACT amount with your certificate and application.

We accept cash, check, or money order. Sorry we do not accept plastic.

Please make your check payable to CHSO (Churchill County Sheriff's Office).

New CCW Permit Total: \$100.25 (EXACT cash)

Permit & Processing (\$60.00)

State/FBI Fingerprints (Background Check) (\$40.25)

Renewal of CCW Permit Total: \$65.25 (EXACT cash)

A renewal is a Churchill County permit, if from another County or State it is considered NEW
(Permit must be CURRENT. If EXPIRED the NEW permit fees are applied)

Permit & Processing (\$25.00)

State/FBI Fingerprints (Background Check) (\$40.25)

ALL FEES ARE NON-REFUNDABLE

****(State/FBI Finger print fees updated 07/01/19)****

CHURCHILL COUNTY SHERIFF'S OFFICE

APPLICATION FOR CONCEALED WEAPON PERMIT

GENERAL INFORMATION AND INSTRUCTIONS

ELIGIBILITY:

In order to be issued a permit to carry a concealed weapon by the Churchill County Sheriff's Office you must meet the below listed eligibility requirements as set forth in NRS. 202.

YOU MUST:

- (1) Be 21 years of age or older.
- (2) Provide a certificate certifying competence in the use of the firearm listed on the permit (see below).
- (3) Complete and sign the prescribed application form.
- (4) Pay all required fees.

A permit will be denied or revoked if you meet any of the below listed criteria:

- (1) Are prohibited from possessing a firearm pursuant any State or Federal law.
- (2) Have an outstanding warrant for your arrest.
- (3) Have been judicially declared incompetent or insane.
- (4) Have been voluntarily or involuntarily admitted to a mental health facility during the immediately preceding 5 years.
- (5) Have habitually used intoxicating liquor or a controlled substance to the extent that your normal faculties were 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:
 - a. Convicted of violating the provisions of NRS 484.379.
 - b. Committed for treatment pursuant to NRS 458.290 to 458.350 inclusive.
- (6) 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 territory or possession of the United States, at any time during the immediately preceding 3 years.
- (7) Have been convicted of a felony in this state or under the laws of any state, territory or possession of the United States.
- (8) Have been convicted of a crime involving domestic violence or stalking, or are currently subject to a restraining order, injunction or other order for protection against domestic violence.
- (9) 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.
- (10) Have, within the immediately preceding 5 years, been subject to any requirements imposed by a court of this state or of any other state, territory or possession of the United State as a condition to the courts:
 - a. Withholding of the entry of judgment for a conviction of a felony.
 - b. Or a suspension of a sentence for the conviction of a felony.
- (11) Have made a false statement on any application for a permit or the renewal of a permit.

The Sheriff may further:

- (1) Deny an application or revoke a permit if he receives a sworn affidavit stating articulable facts based upon personal knowledge from any natural person, who is 18 years of age or older, that the applicant or permit holder has or may have committed an offense or engaged in any other activity specified in subsection 3 which would preclude the issuance of a permit to the applicant or require revocation of a permit pursuant to this section.

- (2) If the Sheriff receives notification submitted by a court or law enforcement agency of this or any other state, the United States or a territory or possession of the United States that a permit or an applicant for a permit has been charged with a crime involving the use or threatened use of force or violence, the conviction of which would require the revocation of a permit or preclude the issuance of a permit to the applicant pursuant to this section, the sheriff shall suspend the person's permit to the processing of his application until the final disposition of the charges against him. If the permit holder is acquitted of the charges against him, or if the charges are dropped, the sheriff shall restore his permit without imposing a fee.

APPLICATION / FEES

APPLICATION:

To apply for a concealed weapon permit the attached application, the contents of which are prescribed by NRS 202, must be filled in completely and truthfully. As part of the application process a full set of fingerprints will be taken by the sheriff's designee at the time the application is turned in and fees collected.

CAUTION: Incomplete applications will not be processed and untruthful statements on the application are cause for denial. Once your application and supporting documentation, (certificate of firearms proficiency) is complete bring all paperwork to the Sheriff's Office. Fees **MUST** be paid at this time to the Civil Division.

FEES (ALL FEES ARE NON-REFUNDABLE)

IF PAYING WITH CASH PLEASE HAVE THE EXACT AMOUNT

Initial application fees, as set by NRS 202, totaling **\$100.25 must be submitted with your completed application** in the form of cash, check or money order only.

For renewal of a Churchill County permit, if still active \$65.25, if expired the initial fee \$100.25 applies.

*If from another county this is considered a NEW permit for Churchill County and the new fee applies.

If paying by check or money order make payable to Churchill County sheriff's Office or CHSO

Fee breakdown: \$60.00 for the permit processing

\$40.25 for (State/FBI) fingerprint card processing fee. (Updated by the State 07/01/19)

PROCESSING:

Allow up to 120 days for processing of your complete initial application.

ISSUANCE OF PERMIT:

Upon approval of your application the Civil Division will call you to come in to take your picture and sign for the card. This must be done in person. If your application is denied you will receive a written notification setting forth the reasons for the denial.

Once issued, the permit expires five years from the issue date of you signing the card. It is the responsibility of the permit holder to renew his permit **prior** to the expiration date. **There is no grace period once the permit is expired.**

APPROVED FIREARMS SAFETY COURSE

CERTIFICATION OF COMPETENCE:

Pursuant to NRS 202 an applicant must demonstrate competence with a firearm to which the application pertains by presenting a certificate or other documentation to the sheriff which shows that he:

- (1) Has successfully completed a course of instruction approved by the Sheriff issuing the permit; or,
- (2) Has successfully completed a course in firearm safety offered by a federal, state, or local law enforcement agency, community college, university or national organization that certifies instructors in firearm safety. Such course must include instruction in the use of a firearm, and in the laws of this state relating to the proper use of a firearm.

To qualify under section (1) above a course must cover basic handgun safety and the laws of the State of Nevada regarding the use and carrying of a concealed firearm. As a minimum the course must include 2 hours of classroom instruction and 2 hours of live fire with the weapons listed on the application form. If not an employee of one of the agencies listed in section (2) above, the instructor must possess a current NRA instructor certification.

STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

Initial Application
 Renewal Application

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)									
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 and place 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 of
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 or
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. POLICE AGENCY USE ONLY.

**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 & State	Date of Residence
		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 _____
Name of Applicant

who being duly sworn, deposes and says:

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

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

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

Sheriffs' Employee: _____ Personnel Number: _____



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 (enter name of requesting agency) CHURCHILL CO SO 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 (enter name of requesting agency) CHURCHILL CO SO, 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, detentions, 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, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: _____ Churchill County Sheriff's Office
180 West A St
Fallon, NV 89406

Address: _____

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____