



PERSHING COUNTY SHERIFF'S OFFICE

"To Serve and Protect"

JERRY ALLEN, Sheriff



APPLICATION FOR CONCEALED FIREARM PERMIT

GENERAL INFORMATION AND INSTRUCTIONS

FEES – ALL FEES ARE NON-REFUNDABLE AND MUST BE EXACT CHANGE

Initial Application: Fees totaling **\$100.25** in the form of cash, personal check, cashier's check or money order must be submitted with your application. This fee includes fingerprint processing.

Renewal Application: Fees totaling **\$65.25** in the form of cash, personal check, cashier's check or money order must be submitted with your application. This fee includes fingerprint processing.

Duplicate Permit: A **\$15.00** fee must be submitted for a duplicate permit in the event of a change of address, name change, or if the permit is lost, stolen or destroyed.

INSTRUCTIONS – COMPLETION OF YOUR APPLICATION

Please read and follow all of the instructions listed below. Incomplete application(s) may result in an undue delay and possible rejection of your application. Inquiries which are necessary to facilitate completion of your application should be directed to:

**Pershing County Sheriff's Office
CCW Processing
395 9th St
PO Box 147
Lovelock, NV 89419
775-273-2641**

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 court document restoring your civil right to own, possess or use a firearm. If your specific right to own, possess or use a firearm has not been restored or if you cannot provide proof of restoration of these rights, you are **NOT** eligible for a concealed firearm permit.

You must demonstrate competency with a firearm by presenting a certificate or other documentation that shows that you have successfully completed a training course on the use of your firearms(s). This training course must include instruction in the use of a firearm to which your application for permit to carry a concealed and in the laws of the state relating to the proper use of a firearm. This training must be completed within the 12 months prior to the date of your application for your initial permit or your application for the renewal of your existing permit. This requirement may be met in one of the following ways:

- (a) Successful completion of a course taught by a certified instructor who is properly licensed to provide this service and approved by this agency. The documentation you present must include a copy of your certificate of training and the Firearm Proficiency Certification.
- (b) Successful completion of a course in firearm safety offered by a federal, state or local law enforcement agency, community college, university or national organization that certifies

- (c) instructors in firearm safety. You only need to qualify with one semi-automatic and/or revolver to carry any semi-automatic or revolver with a valid CCW.

A sheriff may not approve a course in firearm safety unless he determines that the course meets any standards that are established by the Nevada Sheriff's and Chief's Association, or if the Nevada Sheriff's and Chief's Association cease to exist, its legal successor.

PROCESSING AND ISSUANCE

Please allow up to **120 days for processing** of your completed application. The Pershing County Sheriff's Office is dependent on the F.B.I. to return the records checks. A permit will not be issued without a clear record check from the F.B.I. **Incomplete applications cannot be processed and/or may not be accepted.**

Upon approval of your application, you will be notified and required to come to the sheriff's office to be issued your Concealed Firearm Permit. If your application is denied, you will be notified and informed of the reasons for the denial.

TERM OF PERMIT

A permit issued by the Pershing County Sheriff's Office to carry a concealed firearm expires 5 years from the date of issuance unless other wise stated, suspended or revoked for cause.

CHANGE OF ADDRESS, LOST, STOLEN OR DESTROYED PERMITS

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 re-issuance fee of \$15.00

If you subsequently find or recover your permit after being issued a duplicate you must, within 10 days, notify the sheriff in writing and return the duplicate permit to the sheriff. If you fail to make the aforementioned notification as indicated you may be subject to a civil penalty of \$25.00.

CARRYING OF PERMIT

NRS 202.3673 Permittee authorized to carry concealed firearm while on premises of public building; exceptions; penalty.

1. Except as otherwise provided in subsections 2 and 3, a permittee may carry a concealed firearm while the permittee is on the premises of any public building.
 2. A permittee shall not carry a concealed firearm while the permittee is on the premises of a public building that is located on the property of a public airport.
 3. A permittee shall not carry a concealed firearm while the permittee is on the premises of:
 - (a) A public building that is located on the property of a public school or a child care facility or the property of the Nevada System of Higher Education, unless the permittee has obtained written permission to carry a concealed firearm while he or she is on the premises of the public building pursuant to subparagraph (3) of paragraph (a) of subsection 3 of [NRS 202.265](#).
 - (b) A public building that has a metal detector at each public entrance or a sign posted at each public entrance indicating that no firearms are allowed in the building, unless the permittee is not prohibited from carrying a concealed firearm while he or she is on the premises of the public building pursuant to subsection 4.
 4. The provisions of paragraph (b) of subsection 3 do not prohibit:
 - (a) A permittee who is a judge from carrying a concealed firearm in the courthouse or courtroom in which the judge presides or from authorizing a permittee to carry a concealed firearm while in the courtroom of the judge and while traveling to and from the courtroom of the judge.
 - (b) A permittee who is a prosecuting attorney of an agency or political subdivision of the United States or of this State from carrying a concealed firearm while he or she is on the premises of a public building.
 - (c) A permittee who is employed in the public building from carrying a concealed firearm while he or she is on the premises of the public building.
 - (d) A permittee from carrying a concealed firearm while he or she is on the premises of the public building if the permittee has received written permission from the person in control of the public building to carry a concealed firearm while the permittee is on the premises of the public building.
 5. A person who violates subsection 2 or 3 is guilty of a misdemeanor.
 6. As used in this section:
 - (a) “Child care facility” has the meaning ascribed to it in paragraph (a) of subsection 5 of [NRS 202.265](#).
 - (b) “Public building” means any building or office space occupied by:
 - (1) Any component of the Nevada System of Higher Education and used for any purpose related to the System; or
 - (2) The Federal Government, the State of Nevada or any county, city, school district or other political subdivision of the State of Nevada and used for any public purpose.
- If only part of the building is occupied by an entity described in this subsection, the term means only that portion of the building which is so occupied.
(Added to NRS by [1995, 2725](#); A [1997, 63](#); [1999, 2767](#); [2007, 1914](#))
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ELIGIBILITY

You are not eligible for a permit to carry a concealed firearm under the laws of the State of Nevada if you:

- (a) Are not at least 21 years of age.
- (b) Do not provide the required documentation to demonstrate competence with a firearm.
- (c) Have an outstanding warrant or warrants for your arrest.
- (d) Have been judicially declared incompetent or insane.
- (e) You have been voluntarily or involuntarily admitted to a mental health facility during the preceding 5 years.
- (f) Have habitually used intoxicating liquor or controlled substance to the extent that your normal faculties are impaired. It is presumed that you have used intoxicating liquor or controlled substance if, during the immediately preceding 5 years, you have been:
 - 1) Convicted of violating the provisions of NRS 484C (driving under the influence); or
 - 2) Committed for treatment pursuant to NRS 458.290 to 458.350, inclusive (substance abuse).
- (g) Have been convicted of a crime involving the use or threatened use of force or violence against a person which is punishable as a misdemeanor under the law 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) Have been convicted of a felony in this state or under the laws of any state, territory or possession of the United States.
- (i) 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 domestic violence.
- (j) Are currently on parole or probation from a conviction obtained in this state or in any other state, territory or possession of the United States.
- (k) Have, within the immediately preceding 5 years, been subject to any requirements imposed by a court of this state or any other state or territory or possession of the United States as a condition to the courts.
 - 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) Have made a false statement on any application for a Concealed Weapon permit or for the renewal of a Concealed Weapon permit.
- (m) Are not a resident of Pershing County, if applying as a Nevada resident.

STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

Initial Application Renewal Application

<i>Please type or print in BLACK INK</i>									
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?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Have you ever been judicially declared mentally incompetent or insane?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Have you ever been admitted to a mental facility?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> 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?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> 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?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> 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?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> 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?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> 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 a misdemeanor?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
9. Have you ever been convicted of a felony in this state or any other state?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> 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?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
11. Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> 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?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
13. Are you currently on parole or probation for a conviction in this or any other state?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
14. Have you ever renounced your United States Citizenship?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
15. Have you been dishonorably discharged from the Armed Forces?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
DO NOT WRITE IN THIS AREA. FOR POLICE AGENCY USE ONLY.									
PCN _____			BIN _____			CCW # _____			
RIMS ID# _____			SID _____			NICS _____			

STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

List all residences, starting with your current address, for the past 10 years (5 years for renewal).

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.

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
was 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: _____ Exp. Date: _____ State: _____

Identification Card Number: _____ Exp. Date: _____ State: _____

Sheriff's Employee Signature: _____ Personnel Number: _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorized you to furnish the **Pershing County Sheriff's Office** with any and all information that you have concerning me, my employment records, my reputation, my mental health condition, and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Office 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 for the admission and discharge dates to a mental health facility for treatment of mental health.

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, 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 are 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 **Pershing 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.

I declare under penalty of perjury under the laws of the State of Nevada, that the foregoing is true and correct.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____ Date: _____

Submitting Agency: Pershing County Sheriff's Office

Address: PO Box 147 Lovelock, NV 89419

Agency Representative: Tamara Davis, Sheila Perez, Valiree Phillips or Rocio Perez
PLEASE PRINT NAME

Agency Representative Signature: _____ 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.

TO: LAKE TOWNSHIP JUSTICE COURT

The individual listed below has applied with the Pershing County Sheriff's Office for a Concealed Firearm Permit. We are currently conducting a background investigation to determine if the applicant:

- a) Has any outstanding warrant(s) for arrest
- b) Has been judicially declared incompetent or insane
- c) Has been voluntarily or involuntarily admitted to a mental health facility during the immediate preceding 5 years
- d) Has habitually used intoxicating liquor or a controlled substance to the extent that his/her normal faculties are impaired

As per Nevada Revised Statute 202, if you are aware that this individual has been charged with a crime involving the use or threatened use of force or violence, is currently subject to an order restraining their conduct, an injunction or any other order for protection against domestic violence, such a permit may be denied.

If you are aware of any reason this applicant should **NOT** be issued a Concealed Firearm Permit, please forward a sworn Affidavit indicating the facts regarding the recommendation for denial.

Sincerely,

Jerry Allen, Sheriff

Waiver and Authorization to Release Information

I hereby release 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 law.

Applicant: _____ SSN: _____ DOB: _____

Applicant Signature: _____

Witness Signature: _____ ID #: _____

_____ No record found _____ Record found, copies attached

Signature: _____ Date: _____

TO: ELEVENTH JUDICIAL DISTRICT COURT CLERK

The individual listed below has applied with the Pershing County Sheriff's Office for a Concealed Firearm Permit. We are currently conducting a background investigation to determine if the applicant:

- e) Has any outstanding warrant(s) for arrest
- f) Has been judicially declared incompetent or insane
- g) Has been voluntarily or involuntarily admitted to a mental health facility during the immediate preceding 5 years
- h) Has habitually used intoxicating liquor or a controlled substance to the extent that his/her normal faculties are impaired

As per Nevada Revised Statute 202, if you are aware that this individual has been charged with a crime involving the use or threatened use of force or violence, is currently subject to an order restraining their conduct, an injunction or any other order for protection against domestic violence, such a permit may be denied.

If you are aware of any reason this applicant should **NOT** be issued a Concealed Firearm Permit, please forward a sworn Affidavit indicating the facts regarding the recommendation for denial.

Sincerely,

Jerry Allen, Sheriff

Waiver and Authorization to Release Information

I hereby release 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 law.

Applicant: _____ SSN: _____ DOB: _____

Applicant Signature: _____

Witness Signature: _____ ID #: _____

_____ No record found _____ Record found, copies attached

Signature: _____ Date: _____

TO: LOVELOCK POLICE DEPARTMENT

The individual listed below has applied with the Pershing County Sheriff's Office for a Concealed Firearm Permit. We are currently conducting a background investigation to determine if the applicant:

- i) Has any outstanding warrant(s) for arrest
- j) Has been judicially declared incompetent or insane
- k) Has been voluntarily or involuntarily admitted to a mental health facility during the immediate preceding 5 years
- l) Has habitually used intoxicating liquor or a controlled substance to the extent that his/her normal faculties are impaired

As per Nevada Revised Statute 202, if you are aware that this individual has been charged with a crime involving the use or threatened use of force or violence, is currently subject to an order restraining their conduct, an injunction or any other order for protection against domestic violence, such a permit may be denied.

If you are aware of any reason this applicant should **NOT** be issued a Concealed Firearm Permit, please forward a sworn Affidavit indicating the facts regarding the recommendation for denial.

Sincerely,

Jerry Allen, Sheriff

Waiver and Authorization to Release Information

I hereby release 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 law.

Applicant: _____ SSN: _____ DOB: _____

Applicant Signature: _____

Witness Signature: _____ ID #: _____

_____ No record found _____ Record found, copies attached

Signature: _____ Date: _____

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 the **Pershing County Sheriff's Office** 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 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 authorized the **Pershing County Sheriff's Office** to submit a set of my fingerprints to the Nevada Department of 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.

Applicant's Name: _____
(PLEASE PRINT: Last, First, Middle)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Pershing County Sheriff's Office _____

Address: PO Box 147, Lovelock, NV 89419 _____

Agency Representative: Tamara Davis, Sheila Perez, Valiree Phillips or Rocio Perez

Agency Representative's Signature: _____

Date: _____



PERSHING COUNTY SHERIFF'S OFFICE

"To Serve and Protect"

JERRY ALLEN, Sheriff



FINGERPRINT FORM

Date: _____

Name:

Last: _____ First: _____ Middle Name: _____

Social Security Number: _____

Place of Birth (State Only): _____

Country of Citizenship: _____

Date of Birth: _____

Gender: _____

Race: _____

Height: _____ Feet _____ Inches

Weight: _____

Eye Color: _____

Hair Color: _____

Employer's Name: _____

Employer's Address: _____

Occupation: _____

Your Physical Address: _____

Telephone/Cell phone Number: _____

Agency Requesting Fingerprints: _____

DO NOT WRITE BELOW THIS LINE

PCN: _____