



Sacramento Sheriff's Department

Carry Concealed Handgun
Training and Qualification Form

I attest that _____ has completed a:

16-hour initial 4-hour refresher Other _____

California Concealed Handgun Course which minimally included instruction on firearm safety, the law regarding the permissible use of a firearm, and qualifying using the standard BSIS course of fire.

Date(s) of Class: _____

I attest that the named student qualified with the specific handgun(s) listed below*:

Make	Serial Number	Caliber	Model	Instructor Initials

**WE DO NOT ALLOW ANY WRITE-OVERS OR CROSS-OUTS. ALL INFORMATION MUST MATCH EXACTLY ON BOTH THIS FORM AND THE INSTRUCTOR'S CERTIFICATE OF TRAINING AND QUALIFICATION. LIST ONLY THOSE GUNS WITH WHICH THE STUDENT SUCCESSFULLY QUALIFIED.*

Range Instructor Name (printed) _____

I UNDERSTAND PER SACRAMENTO COUNTY CODE §9.20.010 IT IS A MISDEMEANOR TO MAKE A FALSE OR FRAUDULENT STATEMENT OR SUBMIT ANY FALSE OR MISLEADING DOCUMENT IN ANY MATTER OR PROCEEDING ANY DEPARTMENT OR AGENCY OF THE COUNTY OF SACRAMENTO HAS JURISDICTION OVER.

Instructor Name (printed) _____

Instructor Signature _____

Instructor Certification # _____ Exp. Date: _____

*We **only** accept Firearms instructors who are certified by the CA Dept. of Justice, Bureau of Firearms or the CA Department of Consumer Affairs, Bureau of Security and Investigative Services.*

Instructor Contact Number _____

Instructor Email: _____

THIS FORM SHALL ACCOMPANY ANY RANGE MASTER/INSTRUCTOR DOCUMENTATION FOR ALL INITIAL CCW ISSUANCE, RENEWAL AND WEAPON MODIFICATION.