

Sacramento County Sheriff's Office

Carry Concealed Weapon Training and Qualification Form

I attest that				has completed a:
16-Hour Initial	8-Hour Refre	esher	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 Sacramento County Sheriff's Office course of fire. Date(s) of Class:				
l attest that the nam	ed student qualified w Model	th the spec	ific handgun(s) listed be Serial Number	low*: Instructor Initia
Completed the requirement of Mental Health training as defined in California Senate Bill 2. (eff.1/1/2024) Firearm safety check performed by range instructor for each firearm listed above. Firearm serial number confirmed by range instructor for each firearm listed above. Student passed written examination, completed testing as defined in California Senate Bill 2. (eff.1/1/2024) All records and testing materials must be retained by trainer/training facility. 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): Date:				
Instructor Certification #: Expiration Date: Effective January 1, 2025, all firearms instructors shall be "Carry Concealed Weapon Program DOJ CERTIFIED INSTRUCTORS". Exceptions can be made for the State of California, Commission on Peace Officer Standards and Training (POST) Certified Firearms Instructors.				
Instructor Company:				
Instructor Contact Number:				
Instructor Email:				

THIS FORM SHALL ACCOMPANY THE CCW PROGRAM DOJ INSTRUCTOR CERTIFICATE FOR ALL INITIAL CCW ISSUANCE, RENEWAL AND FIREARM(S) MODIFICATION.