



Sacramento County Sheriff's Office

Carry Concealed Handgun Training and Qualification Form

I attest that _____ has completed a:

- 16-hour initial
 8-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.*

- 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) _____

Instructor Signature _____

Instructor Certification # _____ Exp. Date: _____

*We **only** accept firearm instructors who are certified by the CA Dept. of Justice.*

Instructor Contact Number _____

Instructor Email: _____

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