



SHERIFF KERRY D. LEE

LINCOLN COUNTY SHERIFF'S OFFICE APPLICATION FOR CONCEALED FIREARMS PERMIT GENERAL INFORMATION AND INSTRUCTIONS

FEES:

ALL FEES ARE NON-REFUNDABLE:

- (A) Initial application fees must be submitted with your application. These fees consist of:
- (1) A **\$60.00** permit and investigation fee. **This fee should be cash, money order or cashiers' check made payable to Lincoln County Sheriff's Office.**
 - (2) A **\$38.25** fingerprint processing fee. **This fee must be presented in the form of a money order or cashiers' check made payable to Lincoln County Sheriff's Office.**
- (B) **Renewal application:** Per Nevada State Law..... CCW Permits are good for a period of 5 years. Applicant will be required to reapply and successfully complete 8 hours of instruction, written test and qualify with the firearms of your choice.
- (C) **Duplicate permit:** A \$15.00 fee must be submitted for a duplicate permit in the event of a change of address or a lost, stolen or destroyed card.

Completion of Your Application

Inquiries necessary to facilitate completion of your application should be directed to:

**LINCOLN COUNTY SHERIFF'S OFFICE
ATTENTION: TONI
PO BOX 570
PIOCHE, NV 89043
(775) 962-8080**

If after reviewing the eligibility requirements you determine that you are eligible to apply for a Concealed Firearm Permit, you may submit your completed application with appropriate fees to the Lincoln County Sheriff's Office. At this time you will be photographed and fingerprinted.

REQUIREMENTS:

You must demonstrate competence with a firearm by presenting a certificate or other documentation which shows that you have successfully completed a training course on the use of your firearm(s). This training course must include instruction in the use of the firearm(s) to which your application for a permit to carry a concealed weapon applies and in the laws of this 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 permit.** This requirement may be met in one (1) of the following ways:

1. Successful completion of a course taught by an instructor who is authorized by the Sheriff, certified/properly licensed to provide this service and the necessary documentation verifying successful completion. Documentation should include a copy of your certificate of training, a copy of the written test taken and the score of said test and a copy of the instructor's certificate of training which qualifies him/her as a firearms instructor. See a list of authorized instructors on page four herein.
2. 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 instructors in firearm safety.

Additional Requirement.....If you have been convicted of a felony, you will be required to provide documentation restoring your civil rights and a certified copy of the document that specifically restores your right to own, possess or use a firearm. **If your civil rights and the specific right to own, possess or use a firearm have not been restored or if you cannot provide proof of restoration of these rights, you are not eligible for a Concealed Firearm Permit.**

PROCESSING:

Allow up to 60 days for processing your completed initial application. The reason for the delay is that it can take up to 60 days to obtain a records check back from the F.B.I. Incomplete applications cannot be processed.

ELIGIBILITY:

You are not eligible for a permit to carry a concealed firearm if any of the following applies to you:

- (A) If you are a Nevada Resident but not a resident of Lincoln County
- (B) If you are not at least 21 years of age
- (C) If you do not provide the required documentation to demonstrate competence with a firearm
- (D) If you have an outstanding warrant for your arrest
- (E) If you have been judicially incompetent or insane
- (F) If you have been voluntarily or involuntarily admitted to a mental health facility during the immediately preceding 5 years
- (G) If you have habitually used intoxicating liquor or a 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 484.379 (driving under the influence); or
 - 2. Committed for treatment pursuant to NRS 458.290 to 458.350, inclusive (substance abuse).
- (H) If you 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 a territory or possession of the United States at any time during the immediately preceding 3 years
- (I) If you have been convicted of a felony in this state or under the laws of any state, territory or possession of the United States
- (J) If you 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 violence
- (K) If you are currently on parole or probation for a conviction obtained in this state or in any other state or territory or possession of the United States
- (L) If you have, within the immediately preceding 5 years, been subject to any requirements imposed by a court of this state or of any other state or territory or possession of the United States, as a condition to the courts
- (M) If you have made a false statement on any application for a permit or for the renewal of a permit

ISSUANCE OF PERMIT:

Upon approval of your application, your permit will be sent to you by mail. If your application is denied, you will receive written notification setting forth the reasons for the denial. A person whose application is denied may seek judicial review of the denial by filing a petition in district court.

TERM OF PERMIT:

A concealed firearm permit issued by the Lincoln County Sheriff to carry a concealed firearm expires on the 5th anniversary of your birthday, measured from the birthday nearest the date of issuance or renewal, unless otherwise stated, suspended or revoked for cause. If your birthday is on February 29th in a leap year, February 28th shall be considered to be your birthday for the purposes of determining the expiration date of this permit.

CARRYING OF PERMIT:

1. Your concealed firearm permit authorizes you to carry a firearm(s) anywhere in the **State Of Nevada** during the term of the permit, unless the permit has been suspended or revoked. A permittee is not authorized to carry a concealed firearm(s) into specific locations. Those areas where you **May Not** carry a concealed firearm(s) include:
 - (A) Any facility of a law enforcement agency
 - (B) A prison, county or city jail or detention facility
 - (C) A courthouse or courtroom
 - (D) Any facility of a public or private school
 - (E) Any facility of a vocational or technical school or of the University and Community College system of Nevada
 - (F) Any other building owned or occupied by the Federal Government, State or local Government
 - (G) Any other place in which the carrying of a concealed firearm is prohibited by state or federal law

2. You must carry the permit, together with proper identification whenever you are in actual possession of a concealed firearm. Both the permit and proper identification must be presented if requested by a peace officer. If you are found to be in violation of this regulation, you will be subject to a civil penalty of \$25.00 for each violation and face the possibility of revocation of the permit to carry a concealed firearm.



SHERIFF'S AUTHORIZED INSTRUCTORS:

Lincoln County:	Alamo-	Elliot Erhardt	(775) 725-3615
	Caliente-	Evan Schimbeck Leon Novak	(775) 726-3973 (702) 481-1226
	Panaca -	Dave Free	(702) 279-5006
	Pioche-	Mick Lloyd	(775) 962-5439
Clark County:	Las Vegas-	American Gun Club 3440 South Arville (702) 362-1223	
		The Gun Store 2900 East Tropicana (702) 454-1110	
		Pawn & Gun Shop 1212 North Boulder Highway (702) 564-2676	
		Nevada Pistol Academy 4610 Blue Diamond Road (702) 362-9535	
		Master Shooter's Supply 4017 West Sahara Avenue (702) 362-9535	
		Larry's Concealed Weapons 958 Crazy Horse Way Las Vegas, NV 89110	
		Kim Yoko Smith (702) 540-7930	
N Las Vegas-	S W I F T Ron Drake Instructor 4107 W Cheyenne Ave N Las Vegas, NV 89032-3476		
Mesquite-	Wild West Firearms Lance Barr (702) 346-3960		
Overton -	Shannon D Kelly (702) 219-5874		

THESE BUSINESSES MAY CHARGE A FEE FOR THE SERVICES PROVIDED.
THIS LIST IS SUBJECT TO CHANGE WITHOUT NOTICE!!!

**STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT**

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 stateYes 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
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
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

**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: _____

Nevada Sheriff's and Chief's Firearms Safety Course Certification of Completion and Firearms Proficiency Certificate

(To Be Completed by Authorized Instructor Only)

Issued To: _____ **Date:** _____
Applicant (Please Print Clearly)

I, _____, certify that the above named applicant has
Instructor (Please Print Clearly)
 completed a course of instruction to include the following: **(Both Applicant and Instructor are required to initial each completed course)**

Successfully completed a course of instruction and demonstrated proficiency in basic firearm knowledge and the safe handling of firearms.		
Successfully completed a course of instruction and demonstrated proficiency in ammunition knowledge and the safe handling of ammunition.		
Successfully completed a course of instruction and demonstrated proficiency in the cleaning and care of firearms.		
Successfully completed a course of instruction in storage and child proofing firearms.		
Successfully completed a course of instruction and demonstrated proficiency in handgun shooting techniques and positions.		
Successfully completed a course of instruction in the laws pertaining to the use of firearms in the State of Nevada and the County in which the application is submitted.		
Successfully completed a course of instruction in the use of deadly force, the force continuum, civil and criminal liability.		
Successfully completed a course of instruction in the knowledge of avoiding criminal attack and controlling a violent confrontation.		
Successfully completed a course of instruction and demonstrated proficiency in firing a handgun and range safety.		
Successfully completed and passed a written examination and a firearms qualification course as required.		

Circle All That Apply

Full Course (8 Hours): YES / NO Written Test: PASS / FAIL

Weapon Types Qualified With: ALL

This Certificate Satisfies State of Nevada CCW Permit Requirements

Under penalty of perjury, I attest that I have completed an approved course of instruction and qualified with each type of firearm listed above.

Applicant's Signature

Instructor's Signature



WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish the _____ with any and all information
(Law Enforcement Agency)

That you have concerning me, my employment records, my reputation, my physical and mental condition and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the police department 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 pertaining to the voluntary and/or involuntary commitment to a mental health facility for treatment of physical and mental illness and alcohol/drug abuse.

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 and 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 is 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 _____ in conjunction with my application for a Concealed
(Law Enforcement Agency)
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.

THIS AUTHORIZATION IS VALID FOR FIVE (5) YEARS FROM THE DATE SIGNED.

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

Applicant's Signature

Date

Print Full Name

SHERIFFS' Employee

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.