



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.
 - (2) A **\$45.00** fingerprint processing fee.

All fees must be presented in the form of cash, credit or debit card, 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 4 hours of instruction 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

Please call to schedule an appointment for fingerprints and application processing, or with any questions regarding your application.

**LINCOLN COUNTY SHERIFF'S OFFICE
ATTENTION: HEATHER
PO BOX 570
PIOCHE, NV 89043
(775) 962-5151**

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. *If you choose to use an instructor who is not approved through Lincoln County, your application may be denied.
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 of 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 Derek Bowman	(775) 725-3615 (520) 906-7373
Caliente-	Evan Schimbeck	(775) 726-3973
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) 600-6244	

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 #
Occupation			Name and Address of Employer				
Scars, Marks, Tattoos							

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 Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by LINCOLN COUNTY SHERIFF'S OFFICE (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize LINCOLN COUNTY SHERIFF'S OFFICE (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. 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.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

_____ Last Name

_____ First Name

_____ Middle

Applicant's Signature: _____

Date: _____

Agency Account #:

880180

Agency Representative:

PLEASE PRINT

_____ Last Name

_____ First Name

_____ Middle

Agency Representative Signature: _____

Date: _____



Nevada Sheriffs' and Chiefs' Association

Firearms Safety Course - Certification of Completion

and

Firearms Proficiency Certificate

(TO BE COMPLETED BY INSTRUCTOR)

Issued to: _____ Date: _____
Applicant Name

I, _____, an instructor for
Instructor Name

Business Name

certify that the above-named applicant has completed a course of instruction to include the following:

	Applicant Initials	Instructor Initials
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 the care of firearms.		
Successfully completed a course of instruction and demonstrated proficiency 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.		

Check all that apply

- Full Course (8 Hours) If Full Course - Written Test: Pass Fail
 Renewal Course (4 Hours)

***This certificate satisfies the State of Nevada CCW Permit Instructions and Requirements per NRS 202.3657 ***

Location of Classroom and Range	Start	End
Classroom Location _____	Date: _____	Time: _____ to _____
County _____		
Range Location _____	Date: _____	Time: _____ to _____
County _____		
Instructor Signature _____		

Under penalty of perjury, I attest that I have completed an approved course of instruction and qualified with a handgun. I understand filing a false application is an act of forgery and a violation of Nevada law.

Applicant Signature _____