

STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

Initial Application
 Renewal Application

Please type or print in black ink									
Full Name (<i>Last, First, and middle</i>)					Home Phone				
					Cell Phone				
Physical Address (<i>Number, Street, Apt #, City, State, Zip</i>)									
Mailing Address (<i>If different from above</i>)					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 state?.....	Yes	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

DO NOT WRITE IN THIS AREA. POLICE AGENCY USE ONLY.

**STATE OF NEVADA
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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: _____

**STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT
AUTHORIZED FIREARMS SAFETY COURSE
CERTIFICATION OF COMPLETION**

Issued To
(Please Print Clearly)

Date

I, _____, certify that the above named
(Please Print Clearly)
applicant has completed an eight (8) hour course of instruction to include the following:

	student	instructor
	Initials	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 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.		

Instructor's Signature:

Name of Business:

Student's Signature:

**STATE OF NEVADA
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FIREARM PROFICIENCY CERTIFICATION**

TO BE COMPLETED BY INSTRUCTOR ONLY

Date: _____

Instructors note: The Firearms Instructor must visually inspect the firearm for the make, model, and caliber, then transfer that information to this form. Firearms not stamped with the make, model, and caliber are not eligible to be placed on the permit.

I, _____ an instructor for _____
Instructor's Name (Please Print Clearly) *Name of Business (Please Print Clearly)*
 attest that _____ has demonstrated proficiency

Applicant's Name
 with the following firearm(s) and passed an approved firearms qualification course.

	<u>Make</u>	<u>Model</u>	<u>Caliber</u> (Circle One)
1.	_____	_____	Semi-auto Revolver
2.	_____	_____	Semi-auto Revolver
3.	_____	_____	Semi-auto Revolver
4.	_____	_____	Semi-auto Revolver
5.	_____	_____	Semi-auto Revolver
6.	_____	_____	Semi-auto Revolver
7.	_____	_____	Semi-auto Revolver
8.	_____	_____	Semi-auto Revolver
9.	_____	_____	Semi-auto Revolver
10.	_____	_____	Semi-auto Revolver

Instructor's Signature: _____

I have qualified with each firearm listed above.

Applicant's Signature _____

