



*Douglas County*



**SHERIFF**

*"A Tradition of Service"*

Daniel J. Coverley  
SHERIFF

## **NSCA TRAINING STANDARDS**

- All Concealed Weapon training is to take place in the State of Nevada.
- All Concealed Weapon training is to be a minimum of 8 hours in length.
- All Concealed Weapon training is to be no older than 1 (one) year to be considered for an application.
- Out-of-state applicants must apply in the county in which they take their training.

# Douglas County Sheriff's Office Certified CCW Instructors

## Instructors in Douglas County

Company Name	Approved Instructor	Phone Number	Location
Alpha Defense	John McKean	775-782-2921	Gardnerville
Arne Digerud	Arne Digerud	775-782-0312 or 775-781-2763	Genoa
Axelson Tactical	Jim Erwin	701-330-5376	Gardnerville
Bellator	Jacqueline Paris	408-332-0447	Gardnerville
Benjamin Miller	Benjamin Miller	775-781-6251	Gardnerville
Boyd Dangtongdee	Boyd Dangtongdee	775-586-9543 or 775-343-2595	Zephyr Cove
Bullseye Nevada	Ryan Bennett Kris Jacob	775-392-0828 775-392-3861	Gardnerville Gardnerville
Byron Hibshman	Byron Hibshman	619-602-6876	Minden
Dave Osowski	Dave Osowski	775-721-8140	Gardnerville
Defensive Training Institute	Mike Bradford John Farnam	775-586-7700	Stateline
Echo 6 Gunworks & Training	Jeff Herbert	775-468-6874	Minden
Frank Gordon	Frank Gordon	775-265-0941	Gardnerville
Fred Hersey	Fred Hersey	775-266-3435	Gardnerville
Genesis Firearm Training Academy	Michael Chaption	775-392-3102	Gardnerville
Guns and Arrows	Jim Richardson	775-265-4945 or 775-790-1609	Gardnerville
HITT Industries	Matt Willette	775-781-8078	Minden
Integrity Firearms Training	Robert Priscaro Debra Keennon	775-303-4930	Gardnerville
Integritas	Amber Carrillo Luis Carrillo	775-576-4224	Minden
Joe Apple	Joe Apple	775-230-5049	Gardnerville
KBA Firearms	Brett Mattei	775-782-2249 or 775-745-9235	
Kelly Stephenson	Kelly Stephenson	775-781-1017	Gardnerville
Matthew Morrison	Matthew Morrison	530-314-6034	Stateline
Sunrise Pass Arms	Daniel Linn	775-267-2284 or 775-230-8600	Minden
Wayne Crow	Wayne Crow	775-720-4929	Gardnerville

## Instructors Outside Douglas County

Armed and Safe	Kelly Main	775-560-2741	Reno
Carson Armory/ Wild Bill's Guns Too	William Bryant	775-315-4146	Carson City
CCW Handgun Safety	Stan Mund	775-358-2682	Sparks
Erik R. Johnson	Erik R. Johnson	775-885-8071	Carson City
Guns for Hire	Chuck Farrell	775-882-5615	Carson City
Jason Woodruff	Jason Woodruff	775-684-9336	Carson City
Joseph Winnicki	Joseph Winnicki	775-384-3045	Carson City
Paul Witte	Paul Witte	702-480-3020	Clark County
Princess with a Gun	Michelle Lambeth	719-648-8968	Clark County
Semper Firearms Training	John Glatther	775-842-6409	Sparks

## Non-Resident Instructors

Joseph Dirickx	Joseph Dirickx	209-223-0000	Jackson, CA
Peter Koch	Peter Koch	530-642-1400	Eldorado Co., CA
NORCAL PDS	Aaron Taylor	209-304-9077	Jackson, CA



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## APPLICATION FOR CONCEALED WEAPON PERMIT GENERAL INFORMATION AND INSTRUCTIONS

1. **FEES** ALL FEES ARE NON-REFUNDABLE

A. Initial Application: The following fees must be submitted with your application.

**\$100.25.** This includes the \$60.00 permit fee, and \$40.25 fingerprint processing fee.

B. Renewal application:

**\$65.25** This includes the \$25.00 permit fee, and the \$40.25 fingerprint processing fee.

C. Duplicate Permit: A \$15.00 fee must be submitted for a duplicate permit in the event of a change of address or if a permit is lost, stolen or destroyed.

D. Late Fee: A \$15.00 late fee will be applied to any application not submitted on or before the date of expiration.

2. **INSTRUCTIONS - COMPLETION OF YOUR APPLICATION**

A. Inquiries necessary to facilitate completion of your application should be directed to a service representative at:

Douglas County Sheriff's Office Records Division  
P.O. Box 218  
1038 Buckeye Road  
Minden, Nevada 89423  
775-782-9933

B. Bring the completed application to the Douglas County Sheriff's Office Records Division, to pay fees and have your photograph taken.

C. Your application must include a course certificate from a recognized instructor. This training must be completed within the 12 months prior to the date of your application. All training must occur in the state of Nevada and be 8 hours in length for an initial application and 4 hours for a renewal.

D. If you have been convicted of a felony as described in Section 202,360, Nevada Revised Statutes, you must submit a certified copy of the document restoring your civil rights and a certified copy of the document that specifically restores your authority to own, possess or use a firearm. If your civil rights and the specific authority 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 Weapon Permit.

3. **PROCESSING**

State law provides up to 120 days for processing your application.

4. **ISSUANCE OF PERMIT**

Upon approval of your application you will be contacted by phone to return to the Douglas County Sheriff's Office for the issuance of your permit. Non-residents can arrange for the permit to be sent certified mail. Inquire at time of application for details. If your permit is denied, you will receive written notification setting forth the reasons for the denial.

POST OFFICE BOX 218 • MINDEN, NEVADA 89423

Administration 775-782-9900 • Investigations 775-782-9905 • Civil 775-782-9942 • Jail 775-782-9921

Records 775-782-9933 • Dispatch 775-782-5126 • Fax 775-782-9919

5. **CHANGE OF ADDRESS; OR LOST, STOLEN OR DESTROYED PERMIT**
- A. You must notify the Sheriff in writing within 30 days if your permanent address changes or if your permit is lost, stolen or destroyed. You will be issued a duplicate permit if you:
    - 1. Submit a written statement to the Sheriff, signed under oath, stating that your permit has been lost, stolen or destroyed; and
    - 2. Pay a non-refundable fee of \$15.00.
  - B. If you subsequently find or recover your permit after being issued a duplicate permit, you must, within 10 days:
    - 1. Notify the Sheriff in writing; and
    - 2. Return the duplicate permit to the Sheriff.
  - C. If you fail to make the aforementioned notifications as indicated, you will be subject to a civil penalty of \$25.00.
6. **TERM OF PERMIT**  
A Nevada concealed weapon permit expires 5 years from the date of issuance.
7. **CARRYING OF PERMIT**
- A. Your concealed weapon permit authorizes you to carry a handgun anywhere in the STATE OF NEVADA, except where prohibited by law or regulation, during the term of the permit unless the permit has been suspended or revoked.
  - B. You must carry the permit with proper identification whenever you are in actual possession of a concealed handgun. 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.
8. **ELIGIBILITY**  
You are NOT eligible for a permit to carry a concealed handgun if any of the following applies to you:
- A. You are not 21 years of age.
  - B. You do not provide the required documentation to demonstrate competence with a firearm.
  - C. You have an outstanding warrant for your arrest.
  - D. You have been judicially declared incompetent or insane.
  - E. You have been voluntarily or involuntarily admitted to a mental health facility during the immediately preceding 5 years.
  - F. 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 so used intoxicating liquor or a controlled substance if, during the immediately preceding 5 years, you have been:
    - 1. Convicted of driving under the influence of drugs or alcohol; or
    - 2. Committed for treatment pursuant to NRS458.290 to 458.350 inclusive (Substance Abuse).
  - G. 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.
  - H. You have been convicted of a felony in this state or under the laws of any state, territory or possession of the United States.
  - I. 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.
  - J. You are currently on parole or probation from a conviction obtained in this state or in any other state or territory or possession of the United States.
  - K. You have, within the 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 of the Court's:
    - 1. Withholding of the entry of judgment for your conviction of a felony; or
    - 2. Suspension of your sentence for the conviction of a felony.
  - L. If you have made a false statement on any application for a permit or for the renewal of a permit.

## STATE OF NEVADA APPLICATION FOR CONCEALED FIREARM PERMIT

Initial Application   
Renewal Application

<b>Please type or print in black ink</b>									
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 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.

BIN \_\_\_\_\_

CCW \_\_\_\_\_

SID \_\_\_\_\_

Spillman \_\_\_\_\_

NICS \_\_\_\_\_

**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.	
<b>AFFIDAVIT</b>		

**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 (For Office Use Only)**

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Identification Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Sheriffs' Employee: \_\_\_\_\_ Personnel Number: \_\_\_\_\_

**WAIVER AND AUTHORIZATION  
TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN:**

I authorize you to furnish the DCSO with any and  
(Law Enforcement Agency)

all information 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 DCSO in conjunction with my application for a  
(Law Enforcement Agency)

Concealed 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 of perjury under the laws of the State of Nevada, that the foregoing is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Sheriff's Office 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.**



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### Marijuana Questionnaire Attachment to CCW Application

1. Do you have a medical marijuana card? (Circle One)

a. Yes

b. No

2. Do you use marijuana recreationally? (Circle One)

a. Yes

How often? \_\_\_\_\_

b. No

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Sheriffs' Office Employee

\_\_\_\_\_  
Date





## CIVIL APPLICANT WAIVER

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) DCSO that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. 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.

5. I hereby authorize (enter name of requesting agency) DCSO 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.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. 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, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: **Douglas County Sheriff's Office** \_\_\_\_\_

Address: **1038 Buckeye Road, Minden, NV 89423** \_\_\_\_\_

Agency representative: \_\_\_\_\_

(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_