



JOHN D'AGOSTINI

SHERIFF-CORONER-PUBLIC ADMINISTRATOR COUNTY OF EL DORADO STATE OF CALIFORNIA

ALL RENEWAL CONCEALED WEAPON PERMIT APPLICANTS

BEFORE A RENEWAL PERMIT IS ISSUED YOU MUST:

- A.** All applicants must demonstrate they are residents of El Dorado County, have good cause and good moral character, pursuant to Penal Code 12050.

For purposes of this application, applicants must submit:

- Verification of age, applicant must be 21 years of age.
- Proof of residency in the form of California Driver License, utility bill or voter of registration in their name. Residents of the City of South Lake Tahoe should apply to the South Lake Tahoe Police Department.
- If applying for business purposes, a business license or other forms of verification will be required (tax bills, etc.).
- If applying as a result of your employment, your employer will have to provide a letter on letterhead detailing why he/she supports this request.
- If you work in law enforcement, employment verification will be required.
- Other verifications will be requested on an individual basis. Residence verifications and proof of training class are required with subsequent renewal applications.

INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT PROCESSED

- B.** All renewal applicants who feel their circumstances meet the criteria may fill out the application and submit for review.
1. All applications will be reviewed by the Sheriff's Records Manager/Sheriff or his designee who will approve or deny the permit application. If your application is approved an applicable fee will be charged for renewal and background clearance.
 2. Renewal applicants will be notified by mail of approval or denial.

C. Upon approval must complete one of the following per Section 12050(a)(1)(B) and (E) of the California Penal Code:

1. Attend an Arrest and Firearms course as addressed in Section 832 of the California Penal Code and possess a valid certificate of completion issued within the last two years.
2. Consumer Affairs Security Guard Handgun course and possess a valid certificate of completion as issued by the State Department of Consumer Affairs (Section 12033 P.C.) to carry a firearm as a security guard.
3. Completion of a citizen handgun course which meets the criteria of the Sheriff. Course content must have prior approval for acceptance.

D. Approval

1. If approved and upon completion of a renewal handgun course, contact the Sheriff's Office for an appointment to renew your permit.

E. Appeals, if denied

1. Appeals can be made up to thirty (30) days from date of denial.
2. Applicant may make a **WRITTEN** appeal of their denial to the Administrative Division Commander.

Note: Concealed weapon permit application and licenses are public record pursuant to case law decision (CBS vs. Block)



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CONCEALED WEAPONS PERMIT RENEWAL INFORMATION

Please provide the following information:

1. Full Name: _____ DOB: _____
 Home Address: _____ City / State: _____ Zip: _____
 Mailing Address: _____ City / State: _____ Zip: _____
 Home Phone: () _____ Cell: () _____ Work: () _____
 Employer Name: _____ Occupation: _____
 Employer Address: _____ City / State: _____ Zip: _____

2. Have you had any contacts with law enforcement since your last CCW issuance/renewal?

Yes No **If yes, please explain on page two.**

3. Have you been involved in any type of court actions as a plaintiff or a respondent?

Yes No **If yes, please explain on page two.**

4. Please explain your current reason for desiring to continue to carry a concealed weapon permit:

5. Have you applied for a CCW in any other jurisdiction?

Yes No **If yes, please explain below.**

6. Do you understand that when issued this CCW, it belongs to the El Dorado County Sheriff's Office and is issued as a privilege; it is not a right, and if revoked, the permit must be returned to El Dorado Sheriff's Office?

Yes No

NAME: _____

DOB: _____

7. Weapons Changes: Yes No If yes, please list below.

| ADD | DELETE | MANUFACTURER | SERIAL # | CALIBER | MODEL | TYPE |
|-----|--------|--------------|----------|---------|-------|------|
|-----|--------|--------------|----------|---------|-------|------|

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If YES to question 2: Give date, name of law enforcement agency and describe circumstances of contact.

If YES to question 3: Give date, name of court and describe circumstances of court action.

If YES to question 5: Give date, name of law enforcement agency and location.

Was permit issued? Yes No If NO, please explain why:

I CERTIFY UNDER THE PENALTIES OF PERJURY THAT THE ABOVE FACTS ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE INFORMATION PROVIDED MAY BE CONSIDERED TO CAUSE DENIAL OR REVOKE A PERMIT.

APPLICANT'S SIGNATURE

DATE