

**EL DORADO COUNTY SHERIFF  
RETIRED PEACE OFFICER CCW-  
RENEWAL APPLICATION CLEARANCE**

**Fill out completely – Please print.**

**FULL NAME** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**ALIASES:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DRIVERS LICENSE:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

**MAILING ADDRESS** \_\_\_\_\_  
IF DIFFERENT THAN PHYSICAL ADDRESS

**HOME PHONE NUMBER** (\_\_\_\_\_) \_\_\_\_\_ **WORK PHONE NUMBER** (\_\_\_\_\_) \_\_\_\_\_  
(AREA) (NUMBER) (AREA) (NUMBER)

**RETIRED DATE:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY:**

ACIS     WARRANTS     WPS & R/O FILE     JAIL     DMV

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_