

San Bernardino County Sheriff's Department

Website: http://cms.sbcounty.gov/sheriff/Home.aspx
Email: volforces@sbcsd.org
Fax: (909) 387-0667



Retired Reserve Deputy Sheriff

CCW Application

PRINT OR TYPE ALL INFORMATION						
Name						
	LAST	FIR	RST			
Date of Birth		Social Security				
Address						
	STREET	CITY	STATE ZIP			
Mailing Address						
(if different)	STREET	CITY	STATE ZIP			
E-mail Address						
Cell Phone		Home Phone				
Level I Dates of Ser	vice: From	То	<u></u>			
List all states you ha	ve resided in since retirement:					
Eligibility Statement						
requirements to legarized policy. I therefore agreeiving, owning or	is my sole responsibility to en ally carry a concealed weapon gree to notify this department if purchasing a firearm, such as a rcumstances may include, but are	pursuant to Penal Code Sectio circumstances occur that disqua violation of any state, federal or	n 26305 and department alify me from possessing,			
☐ Felony Conv	rictions					
☐ Domestic Vi	olence					
Psychological	al Evaluations					
☐ Restraining (Orders					
	t by my checking all boxes lisvil actions against me that wo	•	• • •			
Signature	(Signature not required if submitting via e	email.) D	ate			

Eligibility Statement

Firearm #1				
Make:	Model:	Seri	ial Number:	
Firearm #2				
Make:	Model:	Seri	ial Number:	
Firearm #3				
Make:	Model:	Seri	ial Number:	
	<u>Maintaining</u>	g Eligibility		
Honorably retired Level I reserve the following requirements:	deputy sheriffs with a C	CW endorsement are	personally respo	onsible to maintain
 Maintain eligibility to carry Meet the training requirem retired Reserve shall provious. Contact the Department rate. Report all arrests, conviction immediately to Volunteer Failure to qualify annually or rependencement privilege. The Department maintains the reconstructions are fine commander. All decisions are fine.	ents of Penal Code 832 de the required ammuni ange for their annual fire ons, restraining orders of orces. ort potential disqualifying ight at any time to dereation of this privilege will	ition. arms qualification apportunity and other potential designation in the state of the state	pintment. isqualifying infor sult in the revoc	rmation cation of the CCW
Commander. All decisions are final My signature below affirms that a perjury, and that I will follow all gu	all information provided	on this application is	true and correct	, under penalty of
Signature (Signature not req	uired if submitting via email.)		Date	
	Qualification	<u>Information</u>		
This area to be completed by Volunteer F	orces:			
Application Received by Volunteer Forces		_		
Date Qualified:	Initials & Emp #	Range Card Attached:	Yes	No
Approving Authority: Initials & Em	Date:			