



**SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
VERIFICATION OF CONCEALED WEAPON(S) FOR LICENSE**

_____ has completed the San Bernardino County Sheriff's
LEGAL NAME
 Department weapon(s) verification.

Date: _____

 Applicant Signature

Home Address: _____ From: _____
 _____ To: _____
 City: _____ Zip: _____

Mailing Address: _____
 City: _____ Zip: _____

Employer Name: _____ Occupation: _____
 Employer Address: _____
 City: _____ Zip: _____

Phone Numbers Home: _____ Work: _____
 Cell: _____

SSN: _____

Email Address: _____

Height: _____ Weight: _____ Eye Color: _____
 Hair Color: _____ DOB: _____

OFFICE USE ONLY

Add	Del	MANUFACTURER	SERIAL NUMBER	CALIBER	MODEL
		1.			
		2.			
		3.			