CCW PERMIT
TERMS OF USE

WRITE/TYPE YOUR INITIALS ON EACH LINE

As a CCW Permit Holder I agree to abide by the following conditions:

_____ I will not use my CCW permit for purposes of employment.

_____ I will not consume alcoholic beverages or be under the influence of any illegal substance while in possession of a firearm.

_____ I will only carry those firearms specifically listed on my CCW permit.

_____ I agree to notify the CCW office within three business days of arrest or any negative law enforcement contact.

_____ I agree to notify the CCW office within ten business days of any change of address.

_____ I understand any violation of the above terms may result in denial or revocation of my CCW permit.

_____
PRINT OR TYPE NAME

DO NOT WRITE/TYPE BELOW THIS LINE
SIGN AND DATE IN FRONT OF CCW AGENT

I have read and understand the conditions above.

_____ _____
APPLICANT SIGNATURE DATE