



# Siskiyou County SHERIFF'S OFFICE



## CCW Firearm Inspection, Shooting Proficiency, and Training Course Completion Certificate for California NONRESIDENT

CCW Applicant: \_\_\_\_\_  
(Print Name)

### ONLINE CCW INSTRUCTOR TO COMPLETE THIS SECTION ( if applicable)

I, \_\_\_\_\_, am a CCW Instructor for the business indicated below. I do  
(Instructor Name)  
hereby certify that on \_\_\_\_\_, the CCW applicant named above successfully passed the Online CCW  
(Date of Training)  
Firearms Training Course that my company has on file with the Siskiyou County Sheriff's Office.

\_\_\_\_\_  
CCW Instructor Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Range Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### THIS SECTION TO BE COMPLETED BY RANGE MASTER

The Ranger Master certifying the CCW applicant must be certified to instruct from one of the following organizations. Please mark the organization from which you received your certification.

- ☐ Bureau of Security and Investigative Services, Department of Consumer Affairs, State of California - Firearm Training Instructor, or your state/jurisdiction equivalent.
- ☐ Commission on Peace Officer Standards and Training (POST), State of California - Firearm Instructor, Rangemaster, Concealed Carry Tactics Instructor, or your state/jurisdiction equivalent.
- ☐ California Highway Patrol (CHP) or California Department of Corrections and Rehabilitation (CDCR)- Firearms Instructor, Weapons Instructor, Rangemaster, or your state/jurisdiction equivalent.
- ☐ National Rifle Association (NRA) - Law Enforcement Instructor or Basics of Personal Protection Outside the Home Instructor. Basics of Personal Protection Outside the Home Instructor's must additionally be both an NRA Certified Pistol Instructor and Personal Protection in the Home Instructor.
- ☐ Authorization from a State of California-accredited school to teach a firearms training course, or your state/jurisdiction equivalent.
- ☐ Carry Concealed Weapon Program DOJ Certified Instructor



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**\*The Range Master instructing the CCW applicant must provide the applicant with a copy of their instructor certificate to accompany this form.**

### FIREARM(S) INSPECTED AND QUALIFIED ON

#### RANGE MASTER TO COMPLETE THIS ENTIRE SECTION

I, \_\_\_\_\_, am a certified CCW Instructor with the organization indicated on page one. On \_\_\_\_\_, I conducted a safety inspection of the firearm(s) listed on page two of this form.  
(CCW Instructor Name) (Date Firearm(s) Inspected)

Upon completing the safety inspection, the CCW applicant named above successfully passed a CCW Firearms Range Course.

\_\_\_\_\_  
CCW Instructor Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Instructor Certification Number

\_\_\_\_\_  
Certification Expiration Date

Range Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### FIREARM INFORMATION

Make	Model	Caliber	Serial Number

**\* PLEASE NOTE: WE DO NOT ALLOW WRITE-OVERS OR CROSS-OUTS. ADDITIONALLY, ALL FIREARM INFORMATION MUST EXACTLY MATCH DOJ'S RECORDS AND MUST BE REGISTERED/RECORDED TO THE APPLICANT.**



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### APPLICANT TO COMPLETE THIS SECTION

I fully understand and acknowledge the curriculum that was taught to me. I reviewed all weapons information and have qualified with the weapon(s) listed on this form. I attest that I attended \_\_\_\_\_ total hours of Classroom **OR** Online Instruction and \_\_\_\_\_ total hours of Range Instruction (*write N/A for modifications*). I understand that possessing a California CCW does not exempt me from California firearm laws. I understand that it is my responsibility to ensure every weapon listed on my CCW is legal to possess and carry in California. (*It's recommended that you consult an attorney who specializes in firearms in California if you have any questions.*)

Applicant's Signature: \_\_\_\_\_