



STOREY COUNTY SHERIFF'S OFFICE

Michael S. Cullen
Sheriff

INSTRUCTIONS FOR CONCEALED FIREARMS PERMIT

Application Fees:

Cash, Card (small processing fee applies), or Check (made payable to Storey County Sheriff's Office) are acceptable payment methods. The following fees must be submitted with your application. These fees consist of:

Initial \$99.00 Total -Brand new CCW, or if your current permit has been expired more than 120 days, the application for renewal will be treated as an initial application.

Renewal \$64.00 Total -Must apply 120 days before or after the permit expires.

Duplicate permit: \$15.00 Total -Changes or lost, stolen or damaged permit. In the event of a change of address or if a permit is lost, stolen or destroyed. You should notify the Sheriff's Office in writing within 30 days.

Items to bring with you:

- a.** U.S. Citizens- State (DMV) issued identification (i.e. driver's license, identification card). Your identification must reflect the address where you currently reside. If you have recently become a Nevada resident, you must surrender the driver's license of your prior state of residency to the Nevada Department of Motor Vehicles and obtain a Nevada driver's license prior to submitting your application.
- b.** Naturalized Citizens or Foreign-Born Citizens- Persons born outside of the United States MUST provide original documentation of US citizenship or permanent residency. A Naturalization Certificate or Permanent Resident Alien Registration Card issued by Citizenship and Immigration Services, a current unexpired US Passport, or a certificate of birth issued by a United States Consulate (Certificate of Report Born Abroad) are acceptable forms of documents; expired US Passports and military/hospital birth certificates are not acceptable.
- c.** A successfully completed a course in firearm safety approved by a Sheriff in this State; or a successfully completed a course in firearm safety offered by a federal, state or local law enforcement agency, community college, university or national organization that certifies instructors in firearm safety.

Once you have completed your application, submit it to the Storey County Sheriff's Office along with the fees and valid identification. You will have your photo and a set of fingerprints taken. No permit will be issued until a records check is obtained from the State of Nevada and the FBI; therefore, allow up to 120 days for processing your completed application. Any inquiries regarding the application should be directed to the Storey County Sheriff's Office.

Unless suspended or revoked by the sheriff who issued the permit, **a permit expires 5 years from the date of issuance** (for both within the state or out of state card holders).

****NOTE** Pursuant to Nevada Sheriff's and Chief's Association Standards:**

OUT-OF-STATE APPLICANTS: Out-of-state applicants (new or renewal) will complete the mandatory CCW training in the same county where they apply for the permit.

**STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT**

Initial Application Renewal Application

Please type or print in BLACK ink.									
Full Name (Last, First, and Middle):						Home Phone:			
						Cell Phone:			
Physical Address (Number, Street, Apt. #, City, State, Zip Code):									
Mailing Address (If different from above):						Business Phone:			
Country of Citizenship:			Place of Birth:			Alien Number:		Alien Expiration:	
Date of Birth:	Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Social Security #:	Scars, Marks, Tattoos:	
Occupation:			Name and Address of Employer:						

Answer each question by placing a check mark in the appropriate box.									
1. Are there currently any outstanding warrants for your arrest?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Have you ever been judicially declared mentally incompetent or insane?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. Have you ever been admitted to a mental facility?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
4. During the 5 years immediately preceding the date of this application, have you been convicted of driving under the influence of alcoholic or controlled substance in this or any other state?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
5. During the 5 years immediately preceding the date of this application, have you habitually used intoxicating liquor or narcotics to the extent that your normal faculties were impaired?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
6. During the 5 years immediately preceding the date of this application, have you been committed for treatment of the abuse of alcoholic beverages in this or any other state?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
7. During the 5 years immediately preceding the date of this application, have you been committed for treatment of, or convicted of a crime related to controlled substance in this or any other state?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
8. During the 3 years immediately preceding the date of this application, have you been convicted of a crime involving the use or threatened use of force or violence punishable as a misdemeanor?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
9. Have you ever been convicted of a felony in this state or any other state?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
10. During the 5 years immediately preceding the date of this application, have you been subject to any requirements imposed by a court as a condition to the courts withholding the entry of judgment or suspension of a sentence, for the conviction of a felony?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
11. Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state?...						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
12. Are you currently subject to a restraining order, injunction or other order for protection against domestic violence in this or any other state?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
13. Are you currently on parole or probation for a conviction in this or any other state?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
14. Have you ever renounced your United States Citizenship?						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
15. Have you been dishonorably discharged from the Armed Forces?.....						<input type="checkbox"/> Yes		<input type="checkbox"/> No	

DO NOT WRITE IN THIS AREA. FOR POLICE AGENCY USE ONLY.

STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

<i>List all residences, starting with your current address, for the past 10 years (5 years for renewals).</i>			
Address (including Apt. #):	City and State:	Dates of Residency From: To:	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<i>List all other names used (including First, Middle, Last, and maiden name).</i>			
1.	3.		
2.	4.		

AFFIDAVIT

THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY PART OF ANY DOCUMENT SUBJECTS THE APPLICANT TO DENIAL OR REVOCATION OF THE PERMIT FOR WHICH THIS APPLICATION IS SUBMITTED.

Before me this day personally appeared _____ who being duly sworn, deposes and says:
Name of Applicant

I DO HEREBY SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT THE FOLLOWING ASSERTIONS ARE TRUE AND CORRECT:

- A. The information contained in this application and all attached documents are true and correct to the best of my knowledge.
- B. I agree to immediately notify the issuing agency Concealed Weapons Unit if charged, arrested, or convicted of any crime in this state or under the laws of any state, or territory or possession of the United States.

Date: _____ **X** _____
Signature of Applicant

TYPE OF IDENTIFICATION PRODUCED

Driver's License Number: _____ Expiration Date: _____ State: _____

Identification Card Number: _____ Expiration Date: _____ State: _____

Sheriff's Employee: _____ Personnel Number: _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Storey County Sheriff's Office with any and all information that you have concerning me, my employment records, my reputation, my mental health condition, and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the police department in determining my qualifications and suitability for a Concealed Firearms Permit.

In compliance with Federal Confidentiality Rules (42 CFR, Part 2), this waiver includes the release of medical records for the admission and discharge dates to a mental health facility for treatment of mental health.

In addition to the above requested information, you may release arrests, detentions, field citations, field interview cards, officers' records, jail/custody booking records, traffic citations, traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports or information source.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and any other legal provisions, and with the understanding that information furnished will be used by the Storey County Sheriff's Office in conjunction with my application for a Concealed Firearms Permit.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

I declare under penalty of perjury under the laws of the State of Nevada, that the foregoing is true and correct.

Applicant's Signature

Date

Print Full Name

SHERIFF'S Employee

Date

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE, FOR ALL INTENTS AND PURPOSES, AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM FOR YOUR FILES.