SHASTA COUNTY

Office of the Sheriff

Tom Bosenko
SHERIFF - CORONER

CONCEALED WEAPON LICENSE RENEWAL/CHANGE

UP-DATE INFORMATION FORM
Shasta County Sheriff's Office
300 Park Marina Circle, Redding, CA 96001

Applicant Information

NAME: _____ DATE of BIRTH: _____

WEAPON PERMIT (WP) No: _____

HGT: _____ WGT: _____ EYE: _____ HAIR: _____

NEW RESIDENCE: _____

RESIDENCE ADDRESS: _____
Number Street Apt #

_____
City State Zip

Mailing Address (If different):

_____
Number Street City State Zip

PERSONAL PHONE NO's (HOME): _____ CELL: _____

EMAIL ADDRESS: _____

BUSINESS/EMPLOYER: _____ OCCUPATION: _____

BUSINESS PHONE NO: _____

BUSINESS ADDRESS: _____
Number Street City State Zip

If you answer yes to any of the following questions, please explain in detail in the space provided on the second page:

Firearm Changes? ☐ YES ☐ NO

In the past year (24 months) Have you been arrested? ☐ YES ☐ NO

Named in a restraining Order (TRO)? ☐ YES ☐ NO

Received any type of counseling? ☐ YES ☐ NO

Are you now or have you been under a doctors care for any psychiatric reason? ☐ YES ☐ NO

****Renewal Forms need to be turned in one week prior to appointment date****

APPOINTMENT DATE: _____ TIME: _____

CONCEALED WEAPON LICENSE RENEWAL

ADDITIONAL PAGE

Note: Standard CCW Permit allows up to three firearms. Each additional firearm needs to be approved by the Sheriff's Office. All firearms need to be verified by the Sheriff's Office before being adding to permit

Firearm Changes:

☐ ADD ☐ DELETE Manufacturer Model Caliber Semi/Rev _____

☐ ADD ☐ DELETE _____

☐ ADD ☐ DELETE _____

Firearm Changes:

☐ ADD ☐ DELETE Manufacturer Model Caliber Semi/Rev _____

☐ ADD ☐ DELETE _____

☐ ADD ☐ DELETE _____

Firearm Changes:

☐ ADD ☐ DELETE Manufacturer Model Caliber Semi/Rev _____

☐ ADD ☐ DELETE _____

☐ ADD ☐ DELETE _____

Additional Comments: _____

_____

_____

_____

_____

_____

_____

_____

Signature of CCW Holder: _____

****NOTE****

Under Section 12051(b) and 12051(c) of the California Penal Code, it can be a misdemeanor and/or a felony to knowingly furnish false information on this CCW License Update/Renewal form and supplement to your original application. Any false or misleading statements made on this form may also be cause for the revocation of your CCW License and forfeiture of any fees paid.

CONCEALED WEAPON LICENSES RENEWAL APPROVED: _____ DENIED: _____

BY: _____ TITLE: _____ DATE: _____