SHASTA COUNTY SHERIFF

Eric Magrini
SHERIFF - CORONER

Concealed Carry Weapon License Renewal Application

Please bring CCW Renewal Application form to the Sheriff's office, Records unit, Secure Drop Box, no more than 30 days before your permit expires. Permits will not be renewed prior to that.

Processing time is 3 weeks from drop off to pick up.

Place completed application, 4 hour class certificate, and firearm qualification form **in the secure drop box** located in front of the Sheriff's Office. AFTER paperwoork has been dropped off, **call and schedule an appointment**. 530-245-6025.

Per Government Section code 6250-6276.48 certain information on your application is subject to PRA. Please review page 3 of the California Department of Justice Standard Initial Application carefully.

CHECKLIST: Items to bring with you at DROP OFF:

- The Completed Renewal Application with signature on page 2

IF you have the following 2 documents attach to application; if not, bring at Pick-Up Appointment:

- The certificate documenting your completion of the State of California required firearms safety course (4 hour renewal)
- Firearm Qualification form. You MUST qualify with each gun listed on your permit

DO NOT INCLUDE PAYMENT AT DROP OFF

CHECKLIST: Items to bring with you at PICK UP APPOINTMENT:

- A valid ID card that contains your photograph
- Your current CCW permit
- Any NEW additional firearm(s) you are adding to your permit. Up to 5 firearms are allowed on your permit.
- Firearms must be unloaded, magazines removed, no ammunition attached, locked or in a locked box or case.
- Money. Total cost for CCW renewal permit is $71.95 or $77 if your permit is expired 30 days past its expiration date.
    - Payment methods are:
    - Cash or Check payable to the Shasta County Sheriff's Office
    - Debit Card (+$1 fee), or Credit Card (+$2.95 fee)

This page is for your use only. DO NOT drop off with your application

Dropped off: _____ Appointment: _____

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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 ADDRESS: _____
Number Street City State Zip

BUSINESS PHONE NO: _____

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

Firearm Changes? ☐ Yes ☐ No

In the past two years (24 months) Have you been arrested or had contact with law enforcement? ☐ Yes ☐ No

Named in a restraining order (TRO) or Lawsuit? ☐ Yes ☐ No

Are you on probation for any offense, including traffic ☐ Yes ☐ No

List all traffic violations and accidents during the last two years in the comment section on Pg 2

Received any type of counseling? ☐ Yes ☐ No

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

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*****Note*****
Standard CCW Permit allows up to five 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: _____

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Firearms Qualification Course for CCW Applicants

Applicant's Name: _____ Date:_____
(Please print)

Applicant is limited to five (5) firearms.

No.1 Make _____ Cal. _____Model: _____ Serial No. _____

No. 2 Make _____ Cal. _____Model: _____ Serial No. _____

No. 3 Make _____ Cal. _____Model: _____ Serial No. _____

No. 4 Make _____ Cal. _____ Model: _____ Serial No. _____

No. 5 Make _____ Cal. _____ Model: _____ Serial No. _____

Target: B-27 PRO-G silhouette or equivalent.
Qualification: 80% - 16/20 shots within the 9 ring (line counts).
Course of fire: Static course at the 7 yard line, 4 volleys, 20 rounds total, no time limit.
Reload between stages (if necessary). Shoot the entire course strong-hand supported.

First volley 5 rounds, scan and re-holster
Second volley 5 rounds, scan and re-holster
Third volley 5 rounds, scan and re-holster
Fourth volley 5 rounds, scan and re-holster

Firearm No. 1 SCORE_____/_____PASS___FAIL ___

Firearm No. 2 SCORE_____/_____PASS___FAIL ___

Firearm No. 3 SCORE_____/_____PASS___FAIL ___

Firearm No. 4 SCORE_____/_____PASS___FAIL ___

Firearm No. 5 SCORE_____/_____PASS___FAIL ___

Applicant's Signature: _____ Date:_____

Certified Firearm Instructor Name: _____
(Please Print)

Certified Firearm Instructor Signature: _____ Date:_____

300 Park Marina Circle - Redding, CA – 96001-1632 - Phone (530) 245-6000 - Fax (530) 245-6054