

LICENSE TO CARRY CONCEALED PISTOL, REVOLVER, OR OTHER FIREARM WITHIN THE STATE OF CALIFORNIA ISSUED BY:					
Agency: EL DORADO CO SO			Date Issued:		
"ORI" : CA0090000			Expiration Date:		
Local Agency Number:		CII#:			
<input checked="" type="checkbox"/>	Initial	SHERIFF TECH II			
<input type="checkbox"/>	Subsequent	Signature and Title of Issuing Officer			
SECTION A					
Name of Licensee:					
Residence Address:					
City:		Zip:		County: EL DORADO	
Bus. Add:			Occupation:		
Birthdate:		Hgt:	Wgt:	Eyes:	Hair:
LICENSE TYPE:					
<input type="checkbox"/>	Employee	<input checked="" type="checkbox"/>	Standard	<input type="checkbox"/>	Judicial
<input type="checkbox"/>	Reserve	<input type="checkbox"/>	Custodial		
SECTION B - Description of Weapons					
Manufacturer		Serial Number		Caliber Model	
Right Thumb Print		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>			
Signature of Licensee					
Applicant					

RESTRICTIONS

Carrying a weapon is not authorized when the holder of this permit is under psychiatric care, or who has consumed any alcoholic beverages. Carrying a weapon is not authorized when the holder of this permit is under the influence of any narcotics or other medications which can impair judgment. Nor is it authorized when the holder is present on the premises where the service of alcoholic beverages is the primary function. Absent an exemption noted on this permit, this permit prohibits the carrying of firearms on the property of any court building, courtroom, jail or prison facility, or any other place where firearms are prohibited. The permit holder shall surrender this permit and their weapon to any peace officer upon demand. The holder of this permit shall not unjustifiably display or brandish a concealed weapon.

I have read the above restrictions and understand them.

Signature: _____

Date: _____