

IMPERIAL COUNTY SHERIFF'S OFFICE
CARRYING CONCEALED WEAPON
REQUIREMENTS

APPLICANT MUST BE A RESIDENT AND LIVE IN IMPERIAL COUNTY

CCW APPLICATION PROCESS

The application process for a license to carry a concealed weapon consists of two phases. Upon the successful completion of each phase, the applicant will advance to the next phase until the process is completed and the license is either issued or denied.

The application must be returned to the Imperial County Sheriff's Office - Records Unit, by the applicant with the following information listed below:

FIRST PHASE

CCW APPLICATIONS WILL NOT BE ACCEPTED IF INCOMPLETE. Make sure the following documents are attached:

- One (1) Peace Officer (active status) letter
- Two(2) Character reference letters
- Firearm(s) (serial number(s) and model of weapon(s) must be verified by I.C.S.O. Record's staff).

1. Read the information on page 1 and 2, in reference to the California Department of Justice Standards For License to Carry A Concealed Weapon (CCW) application.

2. Fill out Sections 1 through 3 ONLY located on pages 3 through 5.

Read Sections 4 through 5, located on pages 6 through 8.

DO NOT FILL OUT SECTION 6, 7, AND 8, located on pages 9 through 13. THIS PORTION MUST BE COMPLETED IN THE PRESENCE OF AN OFFICIAL OF THE LICENSING AGENCY.

DO NOT PLACE YOUR SIGNATURE ON ANY PORTION OF THIS FORM, (THIS WILL BE COMPLETED UPON SUBMITTING THE APPLICATION TO THE SHERIFF'S OFFICE AND UPON CONCLUSION OF THE INTERVIEW).

3. Submit three (3) letters of reference:

- One (1) CHARACTER REFERENCE LETTER from an active peace officer (must be an active California peace officer, such as California Highway Patrol, Sheriff's Deputy, Police Officer, or Fish & Game Warden – *who lives and works within the Imperial County*)

*** REFERENCE LETTERS ARE NOT ACCEPTED FROM THE FOLLOWING AGENCIES***

U.S. Custom, U.S. Border Patrol, Department of Corrections

- Two (2) CHARACTER REFERENCE LETTERS from individuals, other than relatives, who live in the Imperial County.

4. Limit-3 Firearms

Serial numbers are verified by the Sheriff's Office as registered to you (Penal Code 25850). These weapons must be listed on the applicant's concealed weapon license and the applicant must qualify with all firearms listed on the application.

5. Pay 20 percent of \$58.18 in the amount of \$ 11.64 (Cash or Money Order) to the Imperial County Sheriff's Office for the administration cost. All fees are subject to change.

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8. CCW RENEWALS

Before attending the Firearm Class for renewing your CCW License, you must contact the Imperial County Sheriff Office to make an appointment to be interviewed with the Sheriff Administration Staff in charge of Concealed Weapon License renewals.

9. FIREARM CLASS INSTRUCTORS

The following are Firearm Class Instructors, which you may choose to take your Firearm Training Class & Qualifications. The applicant will need to contact the Instructor to set up a Date, Place and Time. Locations and sites will be in the Imperial County area. The fees listed below are set by the firearms class instructors and therefore the Imperial County Sheriff's Office is not responsible for any fees charged.

NOTE: Fees listed below are for CCW Classes & Qualifications only

Thomas R. Boas / Home# (760) 351-1767
E-mail getenold@yahoo.com

CCW Initial 8 hour class \$ 140.00
CCW Renewal 4 hour class 100.00

Les Knapp / Cell# (760) 554-1316 / Home# 355-2226

CCW Initial 8 hour class \$ 140.00
CCW Renewal 4 hour class 100.00

Donald L. Wharton / Cell# (760) 427-3244

CCW Initial 8 hour class \$ 140.00
CCW Renewal 4 hour class 100.00

Phillip Hughey / (760) 439-6400

CCW Initial 8 hour class \$ 180.00
CCW Renewal 4 hour class 150.00

Lawrence Renner / (760) 940-6265 / Cell # (714) 393-1044
E-mail lr45@rodigy.net

CCW Initial 8 hour class \$ 180.00
CCW Renewal 4 hour class 80.00

CONCEALED WEAPON LICENSE RENEWAL UP-DATE INFORMATION FORM

Applicant Name: _____

Date of Birth: _____ Age: _____

Social Security No.: _____

California DL / ID No.: _____

Driver's License Restrictions: _____

Residence Address: _____
Number Street Apt#

City State Zip

Mailing Address (if different):

Number Street Apt# City State Zip

Home / Personal Phone Numbers: _____

Spouse's Name and Address: _____

Applicant Occupation: _____

Business / Employer Name: _____

Business Phone Number: _____

Business Address: _____
Number Street City State Zip

1. List all previous home addresses for the past five years.
- _____
- _____



CONCEALED WEAPON LICENCES RENEWAL APPROVED: _____ DENIED: _____

BY: _____ TITLE: _____ DATE: _____