

Conceal & Carry Weapons Application Tracking

Applicant: _____

Date: _____

CCW TRACKING *for each CCW minutes*

1) Initial Application

Name: GOAD Date: _____

Time (Hours and minutes): 6

2) iCCW Entry

Name: CRISTOLEAR Date: _____

Time (Hours and minutes): 4

3) Background

Name: CRISTOLEAR Date: _____

Time (Hours and minutes): 5

4) Administrative Review

Name: _____ Date: _____

Time (Hours and minutes): _____

5) Initial Review/Add Background

Name: HAYSUP Date: _____

Time (Hours and minutes): 7

6) Approval Letter

Name: EARL Date: _____

Time (Hours and minutes): 3

7) Fees/Fingerprints

Name: GOAD Date: _____

Time (Hours and minutes): 15

8) DOJ Letter

Name: EARL Date: _____

Time (Hours and minutes): 3

9) Final Review

Name: HAYSUP Date: _____

Time (Hours and minutes): 4

10) Issue Permit

Name: BENFORD Date: _____

Time (Hours and minutes): 4