



JOHN McMAHON, SHERIFF-CORONER



**NOTARIZED AUTHORIZATION
TO RELEASE INFORMATION
CARRY CONCEALED WEAPONS PERMIT**

To Whom It May Concern: **APPLICANT NAME:** _____

I am an applicant for the position of _____ with the San Bernardino County Sheriff's Department.

I fully recognize that the San Bernardino County Sheriff's Department will inquire into all areas of my background, which may affect my suitability to be employed by a Criminal Justice Agency, and they have reason to believe that you may have information relevant to that purpose concerning me.

I hereby authorize you, your organization, its Custodian of Records, and/or persons in your employ, to release any and all information which you may have concerning me, including information which may be of a confidential, privileged and/or derogatory nature, including, but not limited to: employment information, official employment documents, employment performance data, character reference information, educational records and transcripts (pursuant to Public law 93-380), medical surgical, psychological, polygraph exam and dental records (pursuant to the Medical Information Act, Civil Code Section 56 et seq.), credit and financial information (pursuant to the Banking Privacy and Fair Credit Reporting Acts), local criminal history information (pursuant to Penal Code Section 13300(b) (10), law enforcement or criminal records or information from a law enforcement agency and/or any other information which you might possess. And I exonerate, release and discharge you, your organization, its officer, agents and assigns, from any liability or damages, whether in law or in equity, now and in the future, for furnishing the information requested by the bearer of this authorization form.

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this investigation so your responses will be completely confidential pursuant to California Civil Code Section 47 and to Labor Code 1198.5. You may retain this form for your files.

This wavier will expire one year after the date signed. A photocopy of this document may act as the original.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of San Bernardino } ss.

On _____, before me, _____,
Date Name of Title Officer (e.g. "Jane Doe, Notary Public")
personally appeared _____

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Signature of Applicant

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature of Notary Public

Employment History

List your complete work history in reverse order, beginning with your present status. Include all part-time jobs, periods of unemployment, and military service.

| | | | | |
|-----------|-----|--|-----------------------|--------------|
| From: Mo. | Yr. | Name of Employer (Name of Company or Business) | Job Title | Phone Number |
| To: Mo. | Yr. | Address of Employer (Number, Street, City, State, Zip) | Description Of Duties | |
| From: Mo. | Yr. | Name of Employer (Name of Company or Business) | Job Title | Phone Number |
| To: Mo. | Yr. | Address of Employer (Number, Street, City, State, Zip) | Description Of Duties | |
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| From: Mo. | Yr. | Name of Employer (Name of Company or Business) | Job Title | Phone Number |
| To: Mo. | Yr. | Address of Employer (Number, Street, City, State, Zip) | Description Of Duties | |

Residence History

List all addresses which you have lived for the past 10 years or since age 15. DO NOT include your present address. Account for all of the time with your most recent prior address first. If a military veteran, include the names of all bases at which you were stationed as well as any off-base residences.

| | | |
|---------------------|-----------------------------------|-------------------------|
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
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| To: Mo. Yr. | Address (city, state, zip) | Relationship |
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| To: Mo. Yr. | Address (city, state, zip) | Relationship |
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |

PRIOR CONTACT WITH LAW ENFORCEMENT AGENCIES

| | | |
|-----|----|--|
| YES | NO | Have you ever been contacted, interviewed, questioned, or detained for investigation by any police department or other related enforcement agency, either as a juvenile or an adult? If answer is yes, write a detailed account of all contacts - no exceptions - and attach to application. |
|-----|----|--|



JOHN McMAHON
SHERIFF-CORONER

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
VERIFICATION OF CONCEALED WEAPON(S) FOR LICENSE

APPLICANT _____

has completed the San Bernardino County Sheriff's Department weapon(s) verification.

Date _____

Signature of Weapon(s) Verifier (if applies)

From:

Home Address: _____ **To:** _____

City: _____ **Zip:** _____

Mailing Address _____

City: _____ **Zip:** _____

Employer Name: _____ **Occupation:** _____

Employer Address: _____

City: _____ **Zip:** _____

Phone Numbers: **Home:** _____ **Business:** _____

Cell: _____ **Pager:** _____

E-Mail Address: _____

| Height | Weight | Eye Color | Hair Color | DOB |
|--------|--------|-----------|------------|-----|
|--------|--------|-----------|------------|-----|

MANUFACTURER

SERIAL NUMBER

CALIBER

MODEL

1. _____

2. _____

3. _____

Applicant Signature



JOHN McMAHON
SHERIFF-CORONER

SAN BERNARDINO
COUNTY

DOMESTIC VIOLENCE DISCLOSURE STATEMENT

On September 30, 1996, Title 18 United States Code § 922 (g)(9) took effect. This section of the United States Code **PROHIBITS FOR LIFE** the possession of **ANY FIREARM OR AMMUNITION** by any person who has been convicted of a **"Misdemeanor crime of domestic violence."**

As defined by the Federal Law, a "misdemeanor crime of domestic violence" means an offense that:

1. is a misdemeanor under federal or state law; and
2. has as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian of the victim

The Bureau of Alcohol, Tobacco and Firearms has issued an opinion interpreting the new federal statute to include any offense, whether or not explicitly described in the statute as a crime of domestic violence, which has, as its factual basis, the use or attempted use of physical force, or threatened use of a deadly weapon committed by the victim's current or former domestic partner, parent, or guardian. The only persons exempt from this law are people who have had a conviction of this nature expunged, set aside, or dismissed pursuant to Penal Code Section 1203.4.

I have read and understand the above information. I understand that any conviction of any crime or offense which is outlined in the above information, no matter how old, prohibits me from possessing any firearm. I swear, under penalty of perjury, that to the best of my knowledge I have never been convicted of any **CRIME OF DOMESTIC VIOLENCE**.

I also understand that this document is part of the application process as defined under Penal Code § 12051 and that knowingly providing false information as it relates to the above noted information is a Felony.

Applicant's Signature

Witness/SBSD Agent

Date

Date



JOHN McMAHON, SHERIFF-CORONER



If a Concealed Carry Weapons (C.C.W.) Permit is granted, renewed or modified, I agree that I may not use it for employment purposes. I also agree to notify the Sheriff's Department within three (3) business days if arrested by any law enforcement agency or questioned as a suspect in any crime. I will also notify the Department within ten (10) business days if issued a citation while carrying a weapon. Any violation of this agreement can result in revocation of my Concealed Carry Weapons (C.C.W.) Permit.

Name – Print

Name – Signature

Date

Revised 8/2014



JOHN McMAHON, SHERIFF-CORONER



San Bernardino County Sheriff's Department Pre-Background Interview Form CCW

Applicant: _____ Date: _____

Background Investigator: _____

Please read and answer all questions. You are admonished to answer all questions completely and truthfully. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you may be denied a Concealed Weapons Permit.

If you answer "Yes" to any of the questions, you must provide an explanation on the reverse side of the page.

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Have you ever been denied a permit to carry a concealed weapon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a license to carry a concealed weapon revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever used another name or ever impersonated another person? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently taking any prescription medication on a regular basis that would alter your moods or impair your judgment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been under the care of a psychiatrist or psychologist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been committed to a mental health facility either voluntarily or involuntarily? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been found not guilty by reason of insanity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever attempted suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you drink alcoholic beverages? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been treated for or hospitalized for alcoholism, substance abuse or drug addiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever driven a vehicle while under the influence of alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever smoked, sold, grown or given marijuana to anyone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever used, possessed, or sold any controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Were you honorably discharged from the military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were you ever subject to a military court martial? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Were you ever in military confinement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has your driver's license ever been suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever received a traffic citation, other than for parking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever been involved in a traffic accident? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been involved in a hit and run accident? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever had a warrant issued for failure to appear/failure to pay a fine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever been involved in a high speed pursuit in which you evaded the police? | <input type="checkbox"/> | <input type="checkbox"/> |

| | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 23. Were you ever arrested, detained or questioned by police as an adult or juvenile for suspicion of any crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever been detained for suspicion of any crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are there other crimes you have committed for which you were not detained or arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are there any arrests you have not disclosed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you ever been placed on probation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you ever been sentenced to a jail or prison? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you ever petitioned a court to have any record sealed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you ever succeeded in having any records sealed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you ever succeeded in having a felony conviction reduced to a misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Are you now, or have you ever been, a member of, or associated with, a street gang, motorcycle club, or related organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you ever been the victim of a violent crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever been involved in any incident of domestic violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Have you ever been subject to a restraining order? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever lost control or your temper? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever had a run-in with a neighbor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Have you ever used physical force against anyone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Have you ever had to physically defend yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you ever taken a polygraph? If yes, what were the results? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Have you ever carried an unauthorized concealed weapon on your person or in your vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Did you list all of your residence addresses (even those of brief duration) for the last ten years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Is there anything in your background you are trying to conceal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Is your residence address listed on the CCW application your primary residence (If not please explain e.g. vacation home, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

The above information is a true and complete account of my background. I realize I could be disqualified as a CCW applicant if I fail to provide a truthful account of the requested information.

Signature

Date

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.



REQUEST FOR LIVE SCAN SERVICE

Photo

Applicant Submission

CA0360000

ORI (Code assigned by DOJ)

Standard CCW Permit

Authorized Applicant Type

Standard CCW - \$108.00

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Bernardino Sheriff Department

Agency Authorized to Receive Criminal Record Information

655 East Third Street

Street Address or P.O. Box

San Bernardino

City

Ca 92415

State ZIP Code

00459

Mail Code (five-digit code assigned by DOJ)

Sarah Brock

Contact Name (mandatory for all school submissions)

(909) 387-0604

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex ☐ Male ☐ Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☒ DOJ

☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

DOJ/BUREAU OF FIREARMS

Employer Name

P.O. BOX 820200

Street Address or P.O. Box

SACRAMENTO

City

CA

State

92403-0200

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



JOHN McMAHON
SHERIFF-CORONER

SAN BERNARDINO
COUNTY

DOMESTIC VIOLENCE DISCLOSURE STATEMENT

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1. is a misdemeanor under federal or state law; and
2. has as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian of the victim

The Bureau of Alcohol, Tobacco and Firearms has issued an opinion interpreting the new federal statute to include any offense, whether or not explicitly described in the statute as a crime of domestic violence, which has, as its factual basis, the use or attempted use of physical force, or threatened use of a deadly weapon committed by the victim's current or former domestic partner, parent, or guardian. The only persons exempt from this law are people who have had a conviction of this nature expunged, set aside, or dismissed pursuant to Penal Code Section 1203.4.

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Applicant's Signature

Witness/SBSD Agent

Date

Date

Employment History

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| | | | | |
|-----------|-----|--|-----------------------|--------------|
| From: Mo. | Yr. | Name of Employer (Name of Company or Business) | Job Title | Phone Number |
| | | | | |
| To: Mo. | Yr. | Address of Employer (Number, Street, City, State, Zip) | Description Of Duties | |
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JOHN McMAHON, SHERIFF-CORONER



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Name – Print

Name – Signature

Date

Revised 8/2014



JOHN McMAHON, SHERIFF-CORONER



San Bernardino County Sheriff's Department Pre-Background Interview Form CCW

Applicant: _____ Date: _____

Background Investigator: _____

Please read and answer all questions. You are admonished to answer all questions completely and truthfully. If you are dishonest in your answers, fail to fully answer any question, or misstate any material facts, you may be denied a Concealed Weapons Permit.

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| | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Have you ever been denied a permit to carry a concealed weapon? | <input type="checkbox"/> | <input type="checkbox"/> |
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| 3. Have you ever used another name or ever impersonated another person? | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | <u>YES</u> | <u>NO</u> |
|-----|--|--------------------------|--------------------------|
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| 25. | Are there other crimes you have committed for which you were not detained or arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
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| 43. | Is there anything in your background you are trying to conceal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. | Is your residence address listed on the CCW application your primary residence (If not please explain e.g. vacation home, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

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Signature

Date

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REQUEST FOR LIVE SCAN SERVICE

Photo

Applicant Submission

CA0360000

ORI (Code assigned by DOJ)

Standard CCW Permit

Authorized Applicant Type

Standard CCW - \$108.00

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Bernardino Sheriff Department

Agency Authorized to Receive Criminal Record Information

00459

Mail Code (five-digit code assigned by DOJ)

655 East Third Street

Street Address or P.O. Box

Sarah Brock

Contact Name (mandatory for all school submissions)

San Bernardino

City

Ca 92415

State ZIP Code

(909) 387-0604

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

DOJ/BUREAU OF FIREARMS

Employer Name

Mail Code (five digit code assigned by DOJ)

P.O. BOX 820200

Street Address or P.O. Box

SACRAMENTO

City

CA

State

92403-0200

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

Residence History

List all addresses which you have lived for the past 10 years or since age 15. DO NOT include your present address. Account for all of the time with your most recent prior address first. If a military veteran, include the names of all bases at which you were stationed as well as any off-base residences.

| | | |
|---------------------|-----------------------------------|-------------------------|
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |
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| To: Mo. Yr. | Address (city, state, zip) | Relationship |
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |
| From: Mo. Yr. | Address (complete street address) | With whom did you live? |
| To: Mo. Yr. | Address (city, state, zip) | Relationship |

PRIOR CONTACT WITH LAW ENFORCEMENT AGENCIES

| | | |
|-----|----|--|
| YES | NO | Have you ever been contacted, interviewed, questioned, or detained for investigation by any police department or other related enforcement agency, either as a juvenile or an adult? If answer is yes, write a detailed account of all contacts - no exceptions - and attach to application. |
|-----|----|--|



JOHN McMAHON
SHERIFF-CORONER

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
VERIFICATION OF CONCEALED WEAPON(S) FOR LICENSE

APPLICANT _____

has completed the San Bernardino County Sheriff's Department weapon(s) verification.

Date _____

Signature of Weapon(s) Verifier (if applies)

From:

Home Address: _____ **To:** _____

City: _____ **Zip:** _____

Mailing Address _____

City: _____ **Zip:** _____

Employer Name: _____ **Occupation:** _____

Employer Address: _____

City: _____ **Zip:** _____

Phone Numbers: **Home:** _____ **Business:** _____

Cell: _____ **Pager:** _____

E-Mail Address: _____

| Height | Weight | Eye Color | Hair Color | DOB |
|--------|--------|-----------|------------|-----|
|--------|--------|-----------|------------|-----|

MANUFACTURER

SERIAL NUMBER

CALIBER

MODEL

1. _____

2. _____

3. _____

Applicant Signature