

PLEASE PRINT

PLUMAS COUNTY SHERIFF'S OFFICE
CALIFORNIA CONCEALED WEAPON PERMIT APPLICATION

CHECK ONE: INITIAL RENEWAL

NAME _____ RESIDENCE ADDRESS _____

CITY _____ MAILING ADDRESS _____

DRIVERS LIC # _____ PHONE NO. _____

DATE OF BIRTH ____ / ____ / ____ HT. ____ WT. ____ EYE COLOR ____ HAIR COLOR ____

DESCRIPTION OF WEAPON (S) LISTS ALL WEAPONS THAT WILL BE CARRIED UNDER AUTHORITY OF THIS PERMIT.
THREE WEAPONS ONLY

SERIAL NUMBER	MANUFACTURER	MODEL	CALIBER

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE ONLY

I.D File Related Records: _____

PRINTOUT ATTACHED? Y N

SHERIFF: APPROVED _____ DENIED _____ DATE _____