

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 _____