

WHITE PINE COUNTY SHERIFF'S OFFICE APPLICATION FOR CARRYING CONCEALED WEAPON PERMIT

GENERAL INFORMATION & INSTRUCTIONS

The applicant should retain pages 1 thru 4.

Pages 5 through 10 must accompany the applicant when applying for the permit.

Fees. No personal checks or credit/debit cards will be accepted as payment. Fees must be presented in the form of cash, money order or cashier's check made payable to White Pine County Sheriff's Office.

Initial or new application. A total of \$96.25 in fees must be submitted with your application. These fees consist of the following:
\$60.00 permit & background investigation fee.
\$36.25 fingerprint card processing fee.

Renewal application. A total of \$61.25 in fees must be submitted with your application. These fees consist of the following:
\$25.00 permit and background investigation fee.
\$36.25 for fingerprint card processing fee.

Late renewal application. If you fail to renew your permit on or before the date of expiration of the permit, your application for renewal must include an additional late fee of \$15.00. If a permit has expired more than 120 days, the application will be treated as an initial application & must include the applicable fees for an initial application.

Duplicate permits. A \$15.00 fee must be submitted for a duplicate permit if a permit is lost, stolen or destroyed.

Change of address. The White Pine County Sheriff's Office must be notified, in writing within 30 days of the change. You shall be subject to a \$25.00 penalty fee if you fail to do so.

Change of name on permit. A \$25.00 fee is required to make any name change on your permit.

**All fees may be combined and paid in one (1) money order or cashier's check.
ALL FEES ARE NON-REFUNDABLE**

WHITE PINE COUNTY SHERIFF'S OFFICE APPLICATION FOR CARRYING CONCEALED WEAPON PERMIT

Instructions for completion of your application.

Complete the entire application except for any signatures and dates.

White Pine County Sheriff's Office
1785 Great Basin Blvd.
Ely, Nevada 89301
775-289-8808

Once you have completed your application, make an appointment with Detective Darren Wallace at the White Pine County Sheriff's Office. Bring your application, firearms proficiency certificate (provided by your instructor upon completion of the required class) and applicable fees to your appointment. You will sign and date the application at your appointment. Your photograph and fingerprints will be taken. Telephone 775-289-8808.

PROCESSING. Allow up to one hundred & twenty (120) days for processing your completed initial application. The reason for this time frame is that it takes up to one hundred & twenty (120) days to obtain a record check back from the F.B.I. Any incomplete applications will not be processed. Please allow thirty (30) days for the processing of a renewal application.

Effective October 1, 2013, as set out in section 202 of the Nevada Revised Statutes. The County Sheriff may issue a concealed firearms permit to a person applying for a permit and if that person is not precluded from possessing a handgun under State or Federal law, or is not otherwise disqualified from obtaining a permit under current State law, may obtain one permit to carry all handguns owned by the person. A permit is valid for any handgun which is owned or thereafter obtained by the person to whom the permit is issued.

ELIGIBILITY. The Sheriff shall conduct an investigation of an applicant, including a check of the applicant's fingerprints, to determine if the person is eligible for a permit. Except as otherwise provided in NRS 202.3657, a person is eligible to carry a concealed firearm if they:

Are 21 years of age or older.

Are not prohibited from possessing a firearm pursuant to NRS 202.360

Demonstrates competence with a firearm by presenting a certificate or other documentation that shows that the applicant has successfully completed a course approved by the Sheriff, or has successfully completed a course in firearm safety offered by a Federal, State, or Local Law Enforcement Agency, Community College, University or any national organization that certifies instructors in firearms safety. Any such course must include instruction in the use of each type of firearm to which the application pertains and in the laws of the State of Nevada relating to the proper

WHITE PINE COUNTY SHERIFF'S OFFICE

APPLICATION FOR CARRYING CONCEALED WEAPON PERMIT

use of a firearm. Renewal requires a refresher course and firearms competence certificate.

The Sheriff shall deny any application or revoke a permit to carry a concealed firearm if he determines that the applicant or permittee:

Has an outstanding warrant for their arrest

Has been judicially declared incompetent or insane

Has been voluntarily or involuntarily admitted to a mental health facility during the immediately preceding five (5) years

Has been habitually using intoxicating liquor or a controlled substance to the extent that their normal faculties are impaired. Such use is presumed if, during the immediately preceding five (5) years, the applicant or permittee has been convicted of driving under the influence of intoxicating liquor or a controlled substance pursuant to NRS 484.379, or has been ordered by a court to enter a program for the treatment of drug or alcohol abuse pursuant to NRS 458.290 to 458.350, inclusive.

Has been convicted of a crime involving the use of, or threatened use of force or violence punishable as a misdemeanor under the laws of this state or any other state, territory or possession of the United States at any time during the immediately preceding three (3) years.

Has been convicted of a felony in this state or under the laws of any state, territory or possession of the United States.

Has been convicted of a crime involving domestic violence or stalking, or is currently subject to a restraining order, injunction or other order for protection against domestic violence.

Is currently on parole or probation from a conviction obtained in this state or in any other state, territory or possession of the United States.

Has, within the immediately preceding five (5) years, been subjected to any requirements imposed by a court of this state or any state, territory, or possession of the United States, as a condition to the court's withholding the entry of judgment for a conviction of a felony or the court's suspending a sentence for the conviction of a felony.

Has made a false statement on any application for a permit or the renewal of a permit.

The Sheriff may deny an application or revoke a permit if he receives a sworn affidavit stating articulable facts based upon personal knowledge from any

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natural person who is eighteen (18) years of age or older that the applicant or permittee has or may have committed an offense or engaged in any other activity specified in subsection 3 of NRS 202.3657 which would preclude the issuance of a permit to the applicant or require the revocation of a permit pursuant to NRS 202.3657.

If an application for a permit is denied by the Sheriff, the Sheriff shall send the applicant written notification setting forth the reasons for the denial. The applicant may seek judicial review of the denial by filing a petition to the District County Court for the county in which the applicant resides.

TERM OF PERMIT - RESIDENT

A concealed firearm permit issued by the White Pine County Sheriff to carry a concealed firearm expires on the fifth (5th) anniversary of the date of issue unless otherwise stated, suspended or revoked for cause.

TERMS OF PERMIT - NON-RESIDENT

A concealed firearm permit issued by the White Pine County Sheriff to carry a concealed firearm expires on the fifth (5th) anniversary of the date of issue unless otherwise stated, suspended or revoked for cause.

CARRYING OF A PERMIT

A permittee shall carry the permit together with proper identification whenever they are in actual possession of a concealed firearm. Both the permit & proper identification must be presented to a peace officer upon request.

Except as otherwise provided in NRS 202.265 and subsections 2 and 3 of NRS 202.3673, a permittee **shall not** carry a concealed firearm into:

- Any facility of a Law Enforcement Agency.
- Any prison, county or city jail or detention center.
- Any Courthouse and or Courtroom.
- Any facility of a public or private school.
- Any facility of a vocational or technical school or of the University & Community College System of Nevada.
- Any other building owned or occupied by the Federal Government, State or a Local Government.
- Any other place in which the carrying of a concealed firearm is prohibited by State or Federal Law.

STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

Initial Application Renewal Application

Please type or print in BLACK Ink.

Full Name (Last, First, and Middle):					Home Phone:				
					Cell Phone:				
Physical Address (Number, Street, Apt. #, City, State, Zip Code):									
Mailing Address (If different from above):							Business Phone		
Country of Citizenship:			Place of Birth:			Alien Number:		Alien Expiration:	
Date of Birth:	Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Social Security #:	Scars, Marks, Tattoos:	
Occupation:			Name and Address of Employer:						

Answer each question by placing a check mark in the appropriate box.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are there currently any outstanding warrants for your arrest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been judicially declared mentally incompetent or insane? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been admitted to a mental facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. During the 5 years immediately preceding the date of this application, have you been convicted of driving under the influence of alcoholic or controlled substance in this or any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. During the 5 years immediately preceding the date of this application, have you habitually used intoxicating liquor or narcotics to the extent that your normal faculties were impaired? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. During the 5 years immediately preceding the date of this application, have you been committed for treatment of the abuse of alcoholic beverages in this or any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. During the 5 years immediately preceding the date of this application, have you been committed for treatment of, or convicted of a crime related to controlled substance in this or any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. During the 3 years immediately preceding the date of this application, have you been convicted of a crime involving the use or threatened use of force or violence punishable as a misdemeanor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you ever been convicted of a felony in this state or any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. During the 5 years immediately preceding the date of this application, have you been subject to any requirements imposed by a court as a condition to the courts withholding the entry of judgment or suspension of a sentence, for the conviction of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are you currently subject to a restraining order, injunction or other order for protection against domestic violence in this or any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are you currently on parole or probation for a conviction in this or any other state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Have you ever renounced your United States Citizenship? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Have you been dishonorably discharged from the Armed Forces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

DO NOT WRITE IN THIS AREA. FOR POLICE AGENCY USE ONLY.

STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

List all residences, starting with your current address, for the past 10 years (5 years for renewals).

1.	Address (including Apt. #):	City and State:	Dates of Residency	
			From:	To.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

List all other names used (including First, Middle, Last, and maiden name).

1.		3.
2.		4.

AFFIDAVIT

THIS APPLICATION IS EXECUTED UNDER OATH. FALSIFICATION OR MISREPRESENTATION OF ANY PART OR ANY PART OF ANY DOCUMENT SUBJECTS THE APPLICANT TO DENIAL OR REVOCATION OF THE PERMIT FOR WHICH THIS APPLICATION IS SUBMITTED.

Before me this day personally appeared _____ who being duly sworn, deposes and says:
Name of Applicant

I DO HEREBY SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT THE FOLLOWING ASSERTIONS ARE TRUE AND CORRECT:

- A. The information contained in this application and all attached documents are true and correct to the best of my knowledge.
- B. I agree to immediately notify the issuing agency Concealed Weapons Unit if charged, arrested, or convicted of any crime in this state or under the laws of any state, or territory or possession of the United States.

Date: _____ X _____
Signature of Applicant

TYPE OF IDENTIFICATION PRODUCED

Driver's License Number: _____ Expiration Date: _____ State: _____
 Identification Card Number: _____ Expiration Date: _____ State: _____

Sheriff's Employee: _____ Personnel Number: _____



WHITE PINE COUNTY SHERIFF'S OFFICE

1785 Great Basin Blvd. Ely, NV 89301

Phone: (775)289-8808

Fax: (775)289-1468

Sheriff Scott Henriod

Captain Jaime Swetich

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish the White Pine County Sheriff's Office with any and all information that you have concerning me, my employment records, my reputation, my mental health condition, and my military service records. Information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Office in determining my qualifications and suitability for a Concealed Firearms Permit.

In compliance with Federal Confidentiality Rules (42 CFR, Part 2), this waiver includes the release of medical records for the admission and discharge dates to a mental health facility for treatment of mental health.

In addition to the above requested information, you may release arrests, detentions, field citations, field interview cards, officers' records, jail/custody booking records, traffic citations, and traffic accident information, district attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports or information source.

This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and any other legal provisions, and with the understanding that information furnished will be used by the White Pine County Sheriff's Office in conjunction with my application for a Concealed Firearms Permit.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance or any similar laws.

I declare under penalty of perjury under the laws of the State of Nevada, that the foregoing is true and correct.

Applicant's Signature _____

Date _____

Print Full Name _____

SHERIFF'S Employee _____

Date _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE, FOR ALL INTENTS AND PURPOSES, AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM FOR YOUR FILES.



Fingerprint Background Waiver

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by White Pine County Sheriff's Office
(*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 - Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize White Pine County Sheriff's Office (name of requesting agency), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:
PLEASE PRINT

Last Name	First Name	Middle

ADDRESS:
PLEASE PRINT

Applicant's Signature:

Date:

Submitting Agency:

White Pine County Sheriff's Office

Address:

1785 Great Basin Blvd.

Ely, NV 89301

Agency Representative:
PLEASE PRINT

Ashby	Rick	
Last Name	First Name	Middle

Agency Representative Signature:

Date:



Nevada Sheriffs and Chiefs Firearms Safety Course Certification of Completion and Firearms Proficiency Certificate

(TO BE COMPLETED BY INSTRUCTOR ONLY)



Issued to: _____ Date: _____
Applicant's Name

I, _____, an instructor for _____
Instructor's Name - Please Print Clearly Name of Business - Please Print Clearly

certify that the above named applicant has completed a course of instruction to include the following:

	Applicant Initials	Instructor Initials
Successfully completed a course of instruction and demonstrated proficiency in basic firearm knowledge and the safe handling of firearms.		
Successfully completed a course of instruction and demonstrated proficiency in ammunition knowledge and the safe handling of ammunition.		
Successfully completed a course of instruction and demonstrated proficiency in the cleaning and the care of firearms.		
Successfully completed a course of instruction and demonstrated proficiency in storage and child proofing firearms.		
Successfully completed a course of instruction and demonstrated proficiency in handgun shooting techniques and positions.		
Successfully completed a course of instruction in the laws pertaining to the use of firearms in the State of Nevada and the County in which the application is submitted.		
Successfully completed a course of instruction in the use of deadly force, the force continuum, civil and criminal liability.		
Successfully completed a course of instruction in the knowledge of avoiding criminal attack and controlling a violent confrontation.		
Successfully completed a course of instruction and demonstrated proficiency in firing a handgun and range safety.		
Successfully completed and passed a written examination and a firearms qualification course as required.		

Check all that apply

- Full Course (8 Hours): If Full Course , Written Test: Pass Fail
 Renewal Course (4 Hours)

This certificate satisfies the State of Nevada's CCW Permit Instruction Requirements.

Location of Classroom and Range (please include County):	
Classroom Address _____	Date: _____ Times: _____ to _____
Range Address _____	Date: _____ Times: _____ to _____
_____ Instructor Signature	

Under penalty of Perjury, I attest that I have completed an approved course of instruction and qualified with a handgun. I understand filing a false application is an act of Forgery and a violation of Nevada law.

 Applicant Signature