LYON COUNTY SHERIFF’S OFFICE

APPLICATION FOR CONCEALED FIREARMS PERMIT

GENERAL INFORMATION AND INSTRUCTIONS

Fees for concealed weapon permits are listed below. All fees are non-refundable.

1. **Initial application**: The following fees are to be submitted with your application: $98.25 permit and investigation fee in the form of cash, personal check, money order or cashier’s check. This fee includes fingerprint processing.

2. **Renewal application**: The following fees are to be submitted with your application: A $63.25 permit and investigation fee in the form of cash, personal check, money order or cashier’s. This fee includes fingerprint processing. If you fail to renew your permit on or before the expiration date, your application must include an additional late fee of $15.00. If you fail to renew your permit within 120 days of the expiration of the permit, you will have to re-apply with a new application.

3. **Duplicate permit**: A $15.00 fee must be submitted for a duplicate permit in the event of a change of address, change of authorized weapons or if a permit is lost, stolen, or destroyed.

**Eligibility.** A resident of Nevada may only apply for a concealed firearm permit to the Sheriff of the county in which he/she resides. Any person who is not a resident of this state may apply to the Sheriff of any county of this state for a concealed weapons permit. You are NOT eligible for a permit to carry a concealed weapon if any of the following applies to you:

1. If you are not at least 21 years of age.
2. If you do not provide the required documentation to demonstrate competence with a firearm.
3. If you have an outstanding warrant for your arrest.
4. If you have been judicially declared incompetent or insane.
5. If you have been voluntarily or involuntarily admitted to a mental health facility during the immediately preceding five years.

6. If you have habitually used intoxicating liquor or a controlled substance to the extent that your normal faculties are impaired. It is presumed that you have so used intoxicating liquor or a controlled substance if, during the immediately preceding five years, you have been:
   - **convicted** of violating the provisions of NRS 484.379 (driving under the influence), or
   - **committed** for treatment pursuant to NRS 458.290 to 458.350, inclusive (substance abuse).

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

8. If you have been convicted of a felony in this state or under the laws of any state, territory, or possession of the United States.

9. If you have been convicted of a crime involving domestic violence or stalking, or you are currently subject to a restraining order, injunction, or other order for protection against violence.

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

11. If you have been, within the immediately preceding five years, subject to any requirements imposed by a court of this state or of any other state, territory, or possession of the United States, as a condition to the courts:
   - **withholding** of the entry of judgment for your conviction of a felony, or
   - **Suspension** of your sentence for the conviction of a felony.

12. If you have made a false statement on any application for a permit or for the renewal of a permit.

**Procedure and Requirements:**

1. You may obtain an application and other required forms at the Lyon County Sheriff’s Main Office, Dayton Substation, Fernley Substation or Silver Springs Substation.

2. Upon completion of the application and waiver forms authorizing the release of information, presentation of a properly completed firearm certification form for the designated weapons, and payment of fees, Sheriff's Office personnel will take your fingerprints and photograph.
3. If you have been convicted of a felony as described in NRS 202.360, you must submit a certified copy of the document restoring your civil rights and a certified copy of the document that specifically restores your authority to own, possess, or use a firearm. If your civil rights and the specific authority to own, possess, or use a firearm have not been restored or if you cannot provide proof of restoration of these rights, you are not eligible for a concealed firearm permit.

4. You must demonstrate competence with a firearm by presenting a certificate or other documentation that shows you have successfully completed a training course in the use of your firearm(s). This training course must include instruction in the use of each firearm to which your application for a permit to carry a concealed firearm applies and in the laws of this state relating to the proper use of a firearm. This training must be completed within the 12 months prior to the date of your application for your initial permit or your application for the renewal of your existing permit. This requirement may be met in one of the following ways:
   - **Successful** completion of a course taught by a certified instructor who is properly licensed to provide this service. The documentation you present must include both a copy of your certificate of training and a copy of the instructor’s certificate of training that qualified him/her as a firearms instructor.
   - **Successful** completion of a course in firearm safety offered by a federal, state, or local law enforcement agency, community college, university, or national organization that certifies instructors in firearm safety.
   - **Training courses and instructors** that will be accepted must be approved by a Sheriff’s Department in Nevada and if the training class is held in Lyon County the instructor must have a valid business license from the county or the city in which the training is held.

5. **Allow up to 120 days for processing your completed initial application.** The reason for the delay is that it can take up to 120 days to obtain a records check back from the FBI. Incomplete applications cannot be processed. Allow a minimum of 120 days for processing a renewal application. Changes can usually be done while you wait or you can arrange to return for your card. **Note:** If your card is not in your possession, you cannot legally carry a concealed weapon.

6. Upon approval of your application, you will be notified by phone or mail that your permit is ready. If your application is denied, you will receive written notification explaining the reason(s) for the denial.

**Term of Permit:** A concealed weapon permit issued by the Lyon County Sheriff’s Office expires on the 5th anniversary of date of issuance, unless otherwise stated, suspended, or revoked for cause. For a non-resident, the concealed weapon permit expires on the 5th anniversary of issuance.

**Change of Address; Lost, Stolen or Destroyed Permits:**
1. You must notify the Sheriff in writing within 30 days if your permanent address changes or if your permit is lost, stolen, or destroyed. You will be issued a duplicate permit if you:
   • submit a written statement to the Sheriff, signed under oath, stating that your permit has been lost, stolen, or destroyed, and
   • pay a non-refundable fee of $15.00.

2. If you subsequently find or recover your permit, within 10 days you must:
   • notify the Sheriff in writing, and
   • return the duplicate permit to the Sheriff.

3. If you fail to make the aforementioned notifications as indicated, you will be subject to a civil penalty of $25.00.

Carrying of Permit:

Your concealed weapon permit authorizes you to carry a weapon of the type specified on the permit anywhere in the STATE OF NEVADA during the term of the permit, unless the permit has been suspended or revoked, subject to the following restrictions:

1. Except as otherwise provided in subsections 2 and 3, a permittee may carry a concealed firearm while he is on the premises of any public building.

2. A permittee shall not carry a concealed firearm while he is on the premises of a public building that is located on the property of a public airport.

3. A permittee shall not carry a concealed firearm while he is on the premises of:
   (a) A public building that is located on the property of a public school or the property of the Nevada System of Higher Education, unless the permittee has obtained written permission to carry a concealed firearm while he is on the premises of the public building pursuant to paragraph (c) of subsection 3 of NRS 202.265.
   (b) A public building that has a metal detector at each public entrance or a sign posted at each public entrance indicating that no firearms are allowed in the building, unless the permittee is not prohibited from carrying a concealed firearm while he is on the premises of the public building pursuant to subsection 4.

4. The provisions of paragraph (b) of subsection 3 do not prohibit:
   (a) A permittee who is a judge from carrying a concealed firearm in the courthouse or courtroom in which he presides or from authorizing a permittee to carry a concealed firearm while in the courtroom of the judge and while traveling to and from the courtroom of the judge.
   (b) A permittee who is a prosecuting attorney of an agency or political subdivision of the United States or of this State from carrying a concealed firearm while he is on the premises of a public building.
   (c) A permittee who is employed in the public building from carrying a concealed firearm while he is on the premises of the public building.
(d) A permittee from carrying a concealed firearm while he is on the premises of the public building if the permittee has received written permission from the person in control of the public building to carry a concealed firearm while the permittee is on the premises of the public building.

5. A person who violates subsection 2 or 3 is guilty of a misdemeanor.

6. As used in this section, "public building" means any building or office space occupied by:
   (a) Any component of the Nevada System of Higher Education and used for any purpose related to the System; or
   (b) The Federal Government, the State of Nevada or any county, city, school district or other political subdivision of the State of Nevada and used for any public purpose.

   If only part of the building is occupied by an entity described in this subsection, the term means only that portion of the building which is so occupied.

(Added to NRS by 1995, 2725; A 1997, 63;
# State of Nevada
## Application for Concealed Firearm Permit

### Please type or print in black ink

<table>
<thead>
<tr>
<th>Field</th>
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<td>Scars, Marks, Tattoos</td>
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<td>Occupation</td>
<td>Name and Address of Employer</td>
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### Answer each question and place a check mark in the appropriate box

1. Are there currently any outstanding warrants for your arrest?  □ Yes  □ No
2. Have you ever been judicially declared mentally incompetent or insane?  □ Yes  □ No
3. Have you ever been admitted to a mental facility?  □ Yes  □ 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?  □ Yes  □ 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?  □ Yes  □ 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?  □ Yes  □ 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?  □ Yes  □ 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?  □ Yes  □ No
9. Have you ever been convicted of a felony in this state or any other state?  □ Yes  □ 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?  □ Yes  □ No
11. Have you ever been convicted of a crime involving domestic violence or stalking in this or any other state?  □ Yes  □ 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?  □ Yes  □ No
13. Are you currently on parole or probation for a conviction in this or any other state?  □ Yes  □ No
14. Have you ever renounced your United States Citizenship?  □ Yes  □ No
15. Have you been dishonorably discharged from the Armed Forces?  □ Yes  □ No

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

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(Rev.7-08) Page 1 of 5
### STATE OF NEVADA
APPLICATION FOR CONCEALED FIREARM PERMIT

<p>| List all residences, starting with your current address, for the past 10 years (5 years for renewals) |</p>
<table>
<thead>
<tr>
<th>Address (including Apt #)</th>
<th>City &amp; State</th>
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List all other names used (including first, middle, last, and maiden name)

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### 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:

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: ________

Sheriffs’ Employee: ___________________________ Personnel Number: _______________
WAIVER AND AUTHORIZATION
TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish the ___LYON COUNTY SHERIFF’S OFFICE__________ with any and
(Law Enforcement Agency)
all information that you have concerning me, my employment records, my reputation, my physical
and mental condition and my military service records. Information of a confidential or privileged
nature may be included. Your reply will be used to assist the police department 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 pertaining to the voluntary and/or involuntary commitment to a mental health facility
for treatment of physical and mental illness and alcohol/drug abuse.

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
___LYON COUNTY SHERIFF’S OFFICE__________ in conjunction with my application for a
(Law Enforcement Agency)
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.

THIS AUTHORIZATION IS VALID FOR FIVE (5) YEARS FROM THE DATE SIGNED.

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

_________________________________________ Date
Applicant’s Signature

_________________________________________ Date
Print Full Name

_________________________________________ Date
SHERIFFS’ Employee

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.

(Rev. 7-08) PAGE 5 OF 5
CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

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 (enter name of requesting agency) Lyon County Sheriff's office 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 (enter name of requesting agency) Lyon County Sheriff's office, 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, detainments, 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 officers), 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, FIRST, MIDDLE)

Address: ____________________________________________________

Applicant's Signature: ____________________________ Date: ______________

Submitting Agency: Lyon County Sheriff
Address: 911 Harvey Way #1, Yerington, NV 89447

Agency representative: ______________________________________

Agency representative's 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 - Please print clearly

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:

<table>
<thead>
<tr>
<th>Successfully completed a course of instruction and demonstrated proficiency in basic firearm knowledge and the safe handling of firearms.</th>
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<tbody>
<tr>
<td>Successfully completed a course of instruction and demonstrated proficiency in ammunition knowledge and the safe handling of ammunition.</td>
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<tr>
<td>Successfully completed a course of instruction and demonstrated proficiency in the cleaning and the care of firearms.</td>
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<tr>
<td>Successfully completed a course of instruction and demonstrated proficiency in storage and child proofing firearms.</td>
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<tr>
<td>Successfully completed a course of instruction and demonstrated proficiency in handgun shooting techniques and positions.</td>
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<tr>
<td>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.</td>
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<tr>
<td>Successfully completed a course of instruction in the use of deadly force, the force continuum, civil and criminal liability.</td>
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<tr>
<td>Successfully completed a course of instruction in the knowledge of avoiding criminal attack and controlling a violent confrontation.</td>
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<tr>
<td>Successfully completed a course of instruction and demonstrated proficiency in firing a handgun and range safety.</td>
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<tr>
<td>Successfully completed and passed a written examination and a firearms qualification course as required.</td>
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</table>

Circle all that apply

Full Course (8 Hours): Yes / No ....... If Yes, Written Test: Pass / Fail
Renewal Course (4 Hours): Yes / No

This certificate satisfies State of Nevada CCW Permit Instructions Requirements.

Location of Classroom and Range (County):

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Range</th>
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<tbody>
<tr>
<td>Date: _______ Time: _______ - _______</td>
<td>Date: _______ Time: _______ - _______</td>
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</table>

Instructor Signature

Under penalty of perjury, I attest that I have completed an approved course of instruction and qualified with a handgun.

Applicant Signature