



**CONTRA COSTA COUNTY SHERIFF'S OFFICE**  
CCW Firearm Inspection, Shooting Proficiency, and  
Training Course Completion Certificate for California **NON-RESIDENT**

CCW Applicant: \_\_\_\_\_  
(Print Name)

**Instructor- Attach a copy of your certificate of eligibility for the applicant to submit**

**CCW INSTRUCTOR TO COMPLETE THIS SECTION**

I, \_\_\_\_\_, am a CCW Instructor for the business indicated below. I do  
(Instructor Name)  
hereby certify that on \_\_\_\_\_, the CCW applicant named above successfully passed the CCW Firearms Training  
(Date of Training)  
Course as set forth in California Penal Code Section 26165.

\_\_\_\_\_  
CCW Instructor Signature & DOJ Certification Number                      Company Name                      Email

\_\_\_\_\_  
Range Name                      Address                      City                      State                      Zip Code

**THIS SECTION TO BE COMPLETED BY RANGE MASTER**

The Range Master certifying the CCW applicant must be certified to instruct from one of the following organizations.  
Please mark the organization from which you received your certification.

- Bureau of Security and Investigative Services, Department of Consumer Affairs, State of California - Firearm Training Instructor, or your state/jurisdiction equivalent.
- Commission on Peace Officer Standards and Training (POST), State of California - Firearm Instructor, Rangemaster, Concealed Carry Tactics Instructor, or your state/jurisdiction equivalent.
- California Highway Patrol (CHP) or California Department of Corrections and Rehabilitation (CDCR)-Firearms Instructor, Weapons Instructor, Rangemaster, or your state/jurisdiction equivalent.
- National Rifle Association (NRA) - Law Enforcement Instructor or Basics of Personal Protection Outside the Home Instructor. Basics of Personal Protection Outside the Home Instructor's must additionally be both an NRA Certified Pistol Instructor and Personal Protection in the Home Instructor.
- Authorization from a State of California-accredited school to teach a firearms training course, or your state/jurisdiction equivalent.
- Carry Concealed Weapon Program DOJ Certified Instructor

**\*The Range Master instructing the CCW applicant must provide the applicant with a copy of their instructor certificate to accompany this form.**

# FIREARM(S) INSPECTED AND QUALIFIED ON

## RANGE MASTER TO COMPLETE THIS ENTIRE SECTION

I, \_\_\_\_\_, am a certified Firearms Instructor with the organization indicated on page one. On \_\_\_\_\_, I conducted a safety inspection of the firearm(s) listed on page two of this form. Upon completing the safety inspection, the CCW applicant named above successfully passed the Contra Costa County Sheriff's CCW Firearms Qualification Course.

\_\_\_\_\_

CCW Instructor Signature

\_\_\_\_\_

Company Name

\_\_\_\_\_

Instructor Certification Number

\_\_\_\_\_

Certification Expiration Date

Range Name

Address

City

State

Zip Code

## FIREARM INFORMATION

I attest that the named student qualified with the specific handgun(s) listed below and passed a safety inspection:

Make	Model	Caliber	Serial Number	Instructor Initials

**\* PLEASE NOTE: WE DO NOT ALLOW WRITE-OVERS OR CROSS-OUTS.**

## APPLICANT TO COMPLETE THIS SECTION

I fully understand and acknowledge the curriculum that was taught to me. I reviewed all weapons information and have qualified with the weapon(s) listed on this form. I attest that I attended \_\_\_\_\_ total hours of instruction and \_\_\_\_\_ total hours of Range Instruction. I understand that possessing a California CCW does not exempt me from California firearm laws. I understand it is my responsibility to ensure every weapon listed on my CCW is legal to possess and carry in California. *(It is recommended you consult an attorney who specializes in firearms in California if you have any questions.)*

**Applicant- Attach a copy of your course certificate proof of completion**

Applicant's Signature: \_\_\_\_\_



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CCW Applicant: \_\_\_\_\_  
(Print Name)

**Instructor- Attach a copy of your certificate of eligibility for the applicant to submit**

**CCW INSTRUCTOR TO COMPLETE THIS SECTION**

I, \_\_\_\_\_, am a CCW Instructor for the business indicated below. I do  
(Instructor Name)  
hereby certify that on \_\_\_\_\_, the CCW applicant named above successfully passed the CCW Firearms Training  
(Date of Training)  
Course as set forth in California Penal Code Section 26165.

\_\_\_\_\_  
CCW Instructor Signature & DOJ Certification Number                      Company Name                      Email

\_\_\_\_\_  
Range Name                      Address                      City                      State                      Zip Code

**THIS SECTION TO BE COMPLETED BY RANGE MASTER**

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**\*The Range Master instructing the CCW applicant must provide the applicant with a copy of their instructor certificate to accompany this form.**

Continue to Page 2 to complete the Firearm(s) Inspection and Qualification sections.

# FIREARM(S) INSPECTED AND QUALIFIED ON

## RANGE MASTER TO COMPLETE THIS ENTIRE SECTION

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\_\_\_\_\_

CCW Instructor Signature

\_\_\_\_\_

Company Name

\_\_\_\_\_

Instructor Certification Number

\_\_\_\_\_

Certification Expiration Date

Range Name

Address

City

State

Zip Code

## FIREARM INFORMATION

I attest that the named student qualified with the specific handgun(s) listed below and passed a safety inspection:

Make	Model	Caliber	Serial Number	Instructor Initials

**\* PLEASE NOTE: WE DO NOT ALLOW WRITE-OVERS OR CROSS-OUTS.**

## APPLICANT TO COMPLETE THIS SECTION

I fully understand and acknowledge the curriculum that was taught to me. I reviewed all weapons information and have qualified with the weapon(s) listed on this form. I attest that I attended \_\_\_\_\_ total hours of instruction and \_\_\_\_\_ total hours of Range Instruction. I understand that possessing a California CCW does not exempt me from California firearm laws. I understand it is my responsibility to ensure every weapon listed on my CCW is legal to possess and carry in California. *(It is recommended you consult an attorney who specializes in firearms in California if you have any questions.)*

**Applicant- Attach a copy of your course certificate proof of completion**

Applicant's Signature: \_\_\_\_\_