

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
APPLICATION FOR CONCEALED FIREARM PERMIT
GENERAL INFORMATION AND INSTRUCTIONS

I) **INITIAL APPLICATION (\$100.00)**

A) **Training**

- 1) Applicant must complete a Basic Firearms Course, taught by a certified instructor who is authorized to provide this service.
- 2) If there is a question about the course eligibility, contact LVMPD CCW Detail.

B) **Completion of Application**

- 1) Completely fill out the application. **IT MUST BE PRINTED IN BLACK INK OR TYPED.**
- 2) Be sure to include any other names ever used including maiden name and those of prior marriages.
- 3) List all places you have actually resided in the last 10 years (five years for renewal) including present address and all other names used. Post office boxes and work addresses are not acceptable.
- 4) Under heading "RESIDENCE ADDRESS" list your current address and if it contains an apartment number you must list the apartment number.
- 5) You **MUST** provide documented proof of U.S. citizenship or permanent residency if you were born in another country. An original naturalization certificate or a permanent resident alien registration card issued by the Immigration and Naturalization Service, or a certificate of birth issued by a United States Consulate, are acceptable documented proof. A military birth certificate or an expired U.S. Passport is NOT acceptable documentation of U.S. citizenship.
- 6) When you submit your application, be sure to bring your driver's license or state identification card. Your driver's license must reflect the address where you currently reside. If you have recently become a Nevada resident you must surrender the driver's license of your prior state of residency to the Nevada Department of Motor Vehicles and obtain a Nevada driver's license before submitting your application.
- 7) A background investigation will be conducted on each applicant. Should any information not be verifiable (such as disposition on criminal charges) it will be the responsibility of the applicant to provide that information.

C) **Fees**

- 1) A non-refundable fingerprint and investigation processing fee of \$100.00 is required at the time of application.
- 2) This fee **MUST** be in the form of cash, money order or Cashier's Check made payable to LVMPD.

Submit this application in person to:

Las Vegas Metropolitan Police Department --- Concealed Weapons Detail

5880 Cameron Street, Las Vegas, Nevada 89118 • (702) 828-3271

400 S. Martin Luther King Blvd, Bldg C, Las Vegas, NV 89106, (702) 828-3271

Monday - Friday 8am - 5pm Holidays Excluded

II) **RENEWAL APPLICATION (\$65.00, Late \$80.00)**

A) **Training**

- 1) Applicant must complete a Basic Firearms Course approved by the Sheriff and taught by a certified instructor who is authorized to provide this service.
- 2) If there is a question about the course eligibility, contact LVMPD CCW Detail.

B) **Completion of Application**

- 1) Complete application as stated above.
- 2) Submit completed application as stated above.

C) **Fees**

- 1) A non-refundable fingerprint and investigation processing fee of \$65.00 is required at the time of renewal application.
- 2) This fee **MUST** be in the form of cash, money order or Cashier's Check made payable to LVMPD

D) **Time Limit**

- 1) If a permittee fails to renew by the expiration date, the renewal fee will include an additional \$15 non-refundable late fee. This fee can be included with the \$65.00 renewal fee for a total fee of \$80.00 (**MUST** be in the form of cash, money order or Cashier's Check made payable to LVMPD.)
- 2) If a permit has expired more than 120 days, which is the NRS time allotment to issue a permit to an applicant, the application for renewal shall be treated as an initial application and shall include application fees of \$100.00.

III) ADDITIONAL FEES

A) Duplicate Permit

- 1) A non-refundable \$15 fee (**MUST** be in the form of Cash, money order or Cashier's Check) is required to replace a lost, stolen or destroyed permit.
- 2) A police report must also be filed.

B) Change of Name

- 1) A non-refundable \$25 fee is required to change your name on the permit.
- 2) Payment **MUST** be in the form of cash, money order, and Cashier's Check.

IV) ELIGIBILITY

A) You are **NOT** eligible for a permit to carry a concealed firearm if any of the following apply 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 are a fugitive from justice.
- 4) If you have been judicially declared mentally incompetent or insane.
- 5) If you have been admitted to a mental health facility.
- 6) If you have habitually used intoxicating liquor or a controlled substance to the extent that your normal faculties are impaired.
- 7) If you have been convicted of a crime involving the use, or threatened use, of force or violence, including misdemeanors, within the last 3 years.
- 8) If you have been convicted of a felony.
- 9) If you have been convicted of a crime involving domestic violence or stalking, or you are currently subject to a restraining order or other order for protection against violence.
- 10) If you are currently on parole or probation.
- 11) If you have been, within the preceding 5 years, subject to any requirements imposed by a court as a condition to:
 - (a) Withholding the entry of judgment for your conviction of a felony, or
 - (b) Suspension of your sentence for the conviction of a felony, or
 - (c) Indictment by a Grand Jury.
- 12) If you have made a false statement on any application.
- 13) If you were dishonorably discharged from the Armed Forces.
- 14) If you are not lawfully admitted into the United States.
- 15) If you are prohibited from possessing a firearm under state and federal law; County and City Ordinances.
- 16) If you are not a U.S. citizen or a permanent Resident Alien.

V) ISSUANCE OF PERMIT

Allow 120 days for the issuance of your permit. This applies to initial and renewal permit applications. Upon approval your permit will be mailed to you. If your application is denied, you will receive written notification setting forth the reasons for the denial. If your application is denied, you may seek judicial review of the denial by filing a petition in District Court.

VI) CHANGE OF ADDRESS

Under the Concealed Firearms law, you are required to notify this office, in writing, within 30 days if you change your address. You will be subjected to a \$25 penalty if you fail to do so.

VII) CARRYING OF PERMIT

Your concealed firearms permit is good throughout the State of Nevada. For specific prohibited locations, refer to Nevada Revised Statutes 202.3673. When you are in possession of a concealed firearm you must carry the permit and your driver's license or state identification card. Both the permit and proper identification must be presented if requested by a peace officer.

NOTICE • THE APPLICANT IS ADVISED:

1. That this application is an official document and that falsification or misrepresentation of any part or any document attached hereto subjects the applicant to denial.
2. That it shall be the responsibility of the Applicant to familiarize himself/herself with the provisions of the Statutes, Ordinances, Rules and Regulations pertaining to the privilege of carrying a concealed firearm, and in particular with the provisions of Sections 200.120, 200.130, 200.160, 200.200, 202.253, 202.257, 202.265, 202.280, 202.285, 202.290, 202.300, 202.320, 202.350, 202.360, and 202.3653 to 202.3677, inclusive of the Nevada Revised Statutes; Clark County Ordinances; and the laws governing the Cities of Las Vegas, NV; North Las Vegas, NV; Henderson, NV; Boulder City, NV; and Mesquite NV.

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? 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

If you answered YES to any of the above questions, please explain below. (Add additional pages if necessary.)

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).

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: _____



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:

	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.		

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):

Classroom _____ Date: _____ Time: _____

CCSC 11357 N. DECATUR LAS VEGAS 89031 Range _____ Date: _____ Time: _____

 Instructor Signature

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

 Applicant Signature

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I authorize you to furnish the Las Vegas Metropolitan Police Department 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 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 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 Las Vegas Metropolitan Police Department 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.