

# WASHOE COUNTY SHERIFF'S OFFICE

## Carry Concealed Weapons Permit

Mailing Address: 911 Parr Blvd.

Reno, NV 89512

Phone: 775-328-3348 / Fax: 775-328-3055

DATE: \_\_\_\_\_

### PLEASE PRINT – Black Ink or Typed

Address Change: \_\_\_\_\_

Lost Card: \_\_\_\_\_

Stolen Card: \_\_\_\_\_

Destroyed Card: \_\_\_\_\_

Other: Please Describe \_\_\_\_\_

Add Weapon: Attach  
Firearm Proficiency Cert. \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### OLD ADDRESS and PHONE NUMBER

Residence: \_\_\_\_\_

Phone: \_\_\_\_\_

#### NEW ADDRESS and PHONE NUMBER (INCLUDE COPY OF PROOF OF RES.-i.e. utility bill, rental agreement, etc.)

Physical Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business/Cell Phone: \_\_\_\_\_

Mailing Address(if different from above): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

#### **NRS 202.367 Duplicate permit; notification to sheriff of recovered permit; penalty.**

1. A permittee shall notify the sheriff who issued his permit in writing within 30 days if:
  - (a) His permanent address changes; or
  - (b) His permit is lost, stolen or destroyed.
2. The sheriff shall issue a duplicate permit to a permittee if he:
  - (a) Submits a written statement to the sheriff, signed under oath, stating that his permit has been lost, stolen or destroyed; and
  - (b) Pays a nonrefundable fee of \$15.
3. If any permittee subsequently finds or recovers his permit after being issued a duplicate permit pursuant to this section, he shall, within 10 days:
  - (a) Notify the sheriff in writing; and
  - (b) Return the duplicate permit to the sheriff.
4. A permittee who fails to notify a sheriff pursuant to the provisions of this section is subject to a civil penalty of \$25.

UNDER PENALTY OF PERJURY, I, \_\_\_\_\_, DO HEREBY SWEAR AND AFFIRM THAT INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

X \_\_\_\_\_  
Signature of Permit Holder

X \_\_\_\_\_  
Witness

#### CCW UNIT USE ONLY

TIBURON / JCLIENT ENTRY (DATE): \_\_\_\_\_

MNI: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

OPERATOR (NAME/COMM): \_\_\_\_\_