



MODOC COUNTY SHERIFF'S OFFICE

102 South Court Street - P.O. Drawer 460 - Alturas, California 96101

Telephone : 530.233.4416 Fax : 530.233.1235 Email : tdowdy@modocsheriff.us

WILLIAM "TEX" DOWDY
Sheriff- Coroner

APPLICANT: _____
(LAST) (FIRST) (MIDDLE)

OTHER NAMES USED _____

DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

RESIDENCE ADDRESS _____ OCCUPATION _____

Mailing address: _____

Business address: _____

Character references and their addresses:

| (1) | (2) | (3) |
|-----|-----|-----|
| | | |

I, the undersigned in accordance with provisions of California Penal Code section 12051, hereby make application for concealed weapons permit. My signature indicates that all the above information is true and correct.

(Signature)