



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

Renewal Form

Applicants Name: _____

Residential Address: _____

Mailing Address: _____

(City) (State) (Zip Code)

Date of Birth: _____ Age: _____ California Drivers or ID Card Numbers: _____

Any restriction on driver's license: _____

All Telephone Numbers: _____

Applicants Occupation: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number(s): _____

Spouse's Name and Address: _____

IN THE PAST YEAR (24 MONTHS), Must be completed):

Yes No

Have you been arrested for any law violations?

Named in any type of restraining order?

Are you now or have you been under the care of a doctor or psychiatrist for psychiatric reasons?

Has there been any change in marital status since your last permit was issued?

If any of the questions above were answered YES, Please explain on the back of this form.

NOTE: Under Sections 26180(a) and 26180(b) of the California Penal Code, it is a misdemeanor and/or felony to knowingly furnish false information on this CCW License Update Renewal Form and supplement to your original CCW application. Any false or misleading statements made on this form may also be cause for the revocation of your CCW License and forfeiture of any fees.

CONCEALED WEAPON LICENSE RENEWAL APPROVED: _____ **OR FORWARD TO SHERIFF** _____.

BY: _____ **TITLE:** _____ **DATE:** _____

SHERIFF'S FINDINGS: **APPROVED** _____ **DENIED** _____

Sheriff's Signature: _____ **DATE:** _____



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

PLEASE READ AND INITIAL EACH REQUIREMENT PURSUANT TO 12050 PC

1. _____ This permit is the property of the Modoc County Sheriff's Office, and as such, may be revoked or suspended by the Sheriff.
2. _____ Information contained in CCW files is public information except for medical or psychological history.
3. _____ The permit is issued for Modoc County, it is HONORED throughout California, however, is not honored out-of-state, Mexico, Canada, most federal buildings, federally governed aircraft, certain posted state and federal properties and other prohibited areas.
4. _____ The applicant shall relinquish the permit to a peace officer on demand.
5. _____ The applicant shall refrain from being under the influence of alcohol and any medication or drug which alters judgment, perception, ability to drive, etc., whether prescribed or not.
6. _____ The applicant shall not impede any peace officer in the performance of his/her duties. Nor will the applicant present himself/herself as a peace officer unless he/she is in fact, a peace officer as defined by California law.
7. _____ Applicant shall not unjustifiably display a concealed weapon and will obey all local, state and federal laws while carrying the weapon(s).
8. _____ The applicant will only carry a concealed firearm on his/her person or in a vehicle and will not carry a concealed weapon at times or circumstances other than those specified on the permit.
9. _____ The applicant will insure all listed weapon(s) are registered in his/her name, that the CCW accurately lists the weapon(s) intended to be carried and that all information on the CCW is correct.
10. _____ The applicant will use his/her weapon(s) as the "last line of defense to protect themselves or any other person".
11. _____ The applicant is responsible for renewal of his/her license on the renewal date. The Sheriff's Office does not send out prior notification.

Any violation of these restrictions or conditions invalidates said Concealed Weapon Permit and voids any further use said permit until reinstated by the Sheriff.

Any arrest for a felony or prohibited crimes as per 12021 and 12021.1 of the California Penal Code, including driving under the influence of alcohol and/or drugs may be cause for invalidation said permit.

I, THE UNDERSIGNED APPLICANT, HEREBY CERTIFY that I have read the foregoing restrictions and conditions listed on this page and agree to abide by them.

Dated: _____

Signed: _____