



# Siskiyou County Office of the Sheriff

## Concealed Weapon Permit Application Process

### Criteria for Applying for a CCW Permit in Siskiyou County

- Must be 21 Years of age & a FULL TIME RESIDENT (no exceptions) of Siskiyou County for at least 6 months.
- No felony or serious misdemeanor arrests/convictions.
- No history of mental illness, or currently under treatment/counseling for mental or emotional problems.
- No arrest for any crime. Involvement in any situation in which, in the opinion of the Sheriff's Office, indicates an individual is not suited for a CCW permit.
- No affiliation with criminal groups or gangs.
- No use of illegal substances.
- If the Sheriff's Office requests any additional documentation or information in order to complete the interview process of a CCW permit application, it will be the responsibility of the applicant to supply that data to the Sheriff's Office.
- If you are currently a defendant/respondent named within and subject to a current temporary restraining order/protection order/order after hearing, you may not apply for a CCW permit until these court orders are fully expired. Defined in section 621 of the Family Code & 527.6 or 527.8 of the Code of Civil Procedure.
- No current use of medical or recreational marijuana products

### Completing the CCW Permit Application

- You can pick up an application for Concealed Weapon Permit at the Siskiyou County Sheriff's Office, between 9am and 4pm Monday through Thursday.
- Read & fill out the application completely (LEAVE NO BLANKS).
- Sign and date all the applicant lines on the 1/1/2024 application.

\*\*Effective Jan. 1<sup>st</sup>, 2018, the Siskiyou Co Sheriff's Office requires all New CCW applicants and current permit holders to make an appointment for your livescan and renewal process.

# Instruction for CCW Permit Application

1. **Nonrefundable** fee is:     \$193.00, Standard permit.     (2 years)  
                                      \$220.00, Judges CCW(3 years)  
                                      \$242.00, Reserve Peace Officers     (4 years)  
                                      \$176.00, Employment Permit (90 days)
2. **All Weapons listed on CCW must be inspected and signed off** by the class instructor. Make sure they are **Unloaded**.
3. Fingerprints will be taken **only** on Tuesdays from 9:00 am to 12:00 pm, **Call for Appointment 842-8301. Bring attached Livescan form when you get fingerprinted.**
4. You must take the "CCW Initial 8 Hour Training" class. **You Can Call Us at 842-8317 For a List of Approved Instructors.**
5. You must have a **valid** reason why you would want a concealed weapons permit.
6. You **must** be **21 years of age** and a **Full-Time Resident (No Exceptions)** of Siskiyou County **at least 6 months**, and **live outside** of the city limits, or **within a city that contracts with the Sheriff's Office for Law Enforcement Services** to obtain a permit from the Sheriff's Office.
7. Applicant-**please fill out & sign ALL Sections BEFORE** turning in your application with your letters & class certificate. This includes the Bureau of Firearms Standard Initial & Renewal Application for License to Carry Concealed as well as all documents following these instructions.
8. You must have **3 letters from friends that you have known for 5 years or more.**
9. Show a photo I.D. (current drivers license or I.D. card.)

**An Unsigned or Otherwise Incomplete Application Will Result in a Delay in Processing.**

**Processing Takes Approximately 8-12 Weeks**

**If You Have any Questions, Please Call**

**842-8317**

## CONCEALED WEAPONS REGULATIONS

FEDERAL AVIATION REG: 121.583

U.S. GOVERNMENT CODE – TITLE 49, CHAPTER 26, SECTION 1472(1)

A Concealed Weapon License does not authorize a person to carry a firearm, tear gas, or any dangerous weapon aboard commercial airlines. Further, a person must declare that he/she is carrying such a firearm, tear gas, or dangerous weapon BEFORE entering the boarding area of an air terminal where the security checks are made. Such violation can result in arrest by either local or Federal authorities or both.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

SISKIYOU COUNTY SHERIFF'S DEPARTMENT  
CCW LICENSE PROCEDURE  
CERTIFICATION OF MEDICAL AND PSYCHOLOGICAL FITNESS

APPLICANT'S NAME: \_\_\_\_\_

I hereby certify that to my knowledge, I am medically and psychologically fit to be issued a License to Carry a Concealed Weapon by the Siskiyou County Sheriff's Department. Any physical or mental limitations I may have are listed as follows:

\_\_\_\_\_ No limitations

\_\_\_\_\_ Limitations as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medications you are currently taking **including medicinal or recreational marijuana**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided above is complete and correct.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Dated

Applicant's Physician Name: \_\_\_\_\_ Ph. Number \_\_\_\_\_

**Certification & Release of Information**

I understand that the Siskiyou Co. Sheriff's Dept. retains the right to request a physician's examination and certification, at no expense to Siskiyou County, if deemed to be necessary. I hereby give permission to the Siskiyou County Sheriff's Department to contact any person, physician, agency, or institution to release or confirm information about me. Additionally, I understand that listing any known limitations, does not automatically reject by application request. Furthermore, I understand that the failure to honestly complete this form may result in the rejection of my CCW application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SISKIYOU COUNTY SHERIFF'S DEPARTMENT  
HOLD HARMLESS AND IDEMNIFICATION AGREEMENT

As a condition of receiving a license to carry a concealable firearm from the Siskiyou County Sheriff's Department, I, \_\_\_\_\_, agree to hold Siskiyou County, its officers and employees, including the Siskiyou County Sheriff's Department and the Sheriff and his agents, harmless from and to indemnify them against any and all liabilities including judgments, costs and attorney's fees that may occur as the result of my possession and/or use of the concealable firearm(s) named on the license, issued to me by the Siskiyou County Sheriff's Department.

Licensee agrees that by accepting the permit to Carry a Concealed Weapon, he/she will hold harmless the County of Siskiyou, Siskiyou County Sheriff's Department, and any and all officers or employees thereof from any claim, suit, or judgment arising in any way from the exercise of the right granted by any Concealed Weapon Permit issued to this applicant.  
(Government code 818.4)

Signed \_\_\_\_\_

Dated \_\_\_\_\_

SISKIYOU COUNTY SHERFF'S DEPARTMENT

CALIFORNIA CONCEALED WEAPONS PERMIT

AMMUNITION DECLARATION

NAME (printed): \_\_\_\_\_

LOCAL #: \_\_\_\_\_

AMMUNITION TO BE USED IN WEAPONS(S) LISTED ON PERMIT:

WEAPON # 1

1. MANUFACTURER: \_\_\_\_\_
2. BULLET WEIGHT: \_\_\_\_\_
3. BULLET DESITN: circle one (Hollow Point) (Semi-wadcutter) (Soft Point) (Full Metal Jacket) (Round Nose)

WEAPON # 2

1. MANUFACTURER: \_\_\_\_\_
2. BULLET WEIGHT: \_\_\_\_\_
3. BULLET DESITN: circle one (Hollow Point) (Semi-wadcutter) (Soft Point) (Full Metal Jacket) (Round Nose)

WEAPON # 3

1. MANUFACTURER: \_\_\_\_\_
2. BULLET WEIGHT: \_\_\_\_\_
3. BULLET DESITN: circle one (Hollow Point) (Semi-wadcutter) (Soft Point) (Full Metal Jacket) (Round Nose)

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