



LAKE COUNTY SHERIFF'S OFFICE

1220 Martin St • PO Box 489 • Lakeport CA 95453

Rob Howe
Sheriff/Coroner

CONCEALED WEAPON LICENSE RENEWAL Update Information Form

NAME: _____ DATE of BIRTH: _____

HGT: _____ WGT: _____ EYE: _____ HAIR: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS (if different): _____

PERSONAL PHONE (HOME): _____ CELL: _____

EMAIL ADDRESS: _____

BUSINESS/EMPLOYER: _____

OCCUPATION: _____ Class Date/Time I would like: _____

If you answer YES to any of the following questions, please explain in detail on the back of this form:

In the past two years (24 months):

Have you been arrested or had contact with law enforcement? YES NO

Named in a restraining order (TRO) or lawsuit? YES NO

At any point have you/are you:

On probation for any offense, including traffic? YES NO

Currently use marijuana in any form? YES NO

Now, or have you ever, cultivated marijuana? YES NO

Now, or have you ever, possess a medicinal marijuana recommendation card? YES NO

Please Initial

___ I understand that the payments are non-refundable and must provide 2 checks/money orders (**LCSO=\$117.00 & DOJ=\$52.00**).

___ I understand I will not be called to verify course date, unless date chosen is full, nor will I be called and reminded of an upcoming course. If I fail to qualify, I will have to pay \$31.00 to LCSO to attend another class to qualify.

___ I understand that if I fail to show up to the course I have selected, I will only be given ONE opportunity to attend another class without additional charge and if I fail to attend the second class, I will have to pay LCSO \$117.00 again.

___ I understand if I do not attend a class within six (6) months of my permit expiring, I will have to begin the entire process over to have an active CCW permit.

**** Note****

Under Section 12051(b) and 12051(c) of the California Penal Code, it can be a misdemeanor and /or felony to knowingly furnish false information on this CCW License Renewal form and supplement to your original application. Any False or misleading statements made on this form may also be cause for revocation of your CCW License and forfeiture of any fees paid.

Signature of CCW Holder: _____