



# TRINITY COUNTY



Office of the Sheriff

Tim Saxon  
Sheriff / Coroner

## Trinity County Sheriff's Office Firearms Qualifications Course for CCW Applicants

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant is limited to three (3) weapon(s).**

No. 1 Make \_\_\_\_\_ Cal. \_\_\_\_\_ Model: \_\_\_\_\_ Serial No. \_\_\_\_\_

No. 2 Make \_\_\_\_\_ Cal. \_\_\_\_\_ Model: \_\_\_\_\_ Serial No. \_\_\_\_\_

No. 3 Make \_\_\_\_\_ Cal. \_\_\_\_\_ Model: \_\_\_\_\_ Serial No. \_\_\_\_\_

**Target:** B-27 silhouette or equivalent.

**Qualification:** 80%-16/20 shots within the 9 ring (line counts).

**Course of fire:** Static course at the 7 yard line, 4 volleys, 20 rounds total, no time limit.

**Reload between stages (if necessary).** Shoot the entire course strong-hand supported.

First volley 5 rounds, scan and re-holster

Second volley 5 rounds, scan and re-holster

Third volley 5 rounds, scan and re-holster

Fourth volley 5 rounds, scan and re-holster

Firearm No. 1 Score \_\_\_\_\_/\_\_\_\_\_ Pass\_\_\_ Fail\_\_\_

Firearm No. 2 Score \_\_\_\_\_/\_\_\_\_\_ Pass\_\_\_ Fail\_\_\_

Firearm No. 3 Score \_\_\_\_\_/\_\_\_\_\_ Pass\_\_\_ Fail\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Firearm Instructor Name: \_\_\_\_\_

(Please Print)

Certified Firearm Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_