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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

101 Memorial Drive, Weaverville, CA 96093-1228 Phone: (530) 623-2611 Fax: (530) 623-8108