

## **New CCW Permit Check List**

You must bring this sheet as well as the following items to your CCW permit interview:

- \_\_\_\_\_ A completed DOJ application, single side copied no staples. Complete all sections including section 7, do not sign. You may have a Good Cause statement written on a separate piece of paper.
- \_\_\_\_\_ A copy of your Calif. ID or driver's license.
- \_\_\_\_\_ A copy of your Proof of Residence. Two separate documents such as; a utility bill, property tax bill, something that shows that you are a resident of the home you claim. It must show your name and address. Vehicle registration alone will not suffice.
- \_\_\_\_\_ A copy of your CCW firearms class, if taken before the interview.
- \_\_\_\_\_ If Good Cause is based on your self-employed profession or business, you must provide supporting documentation of your business i.e. professional license, business license, DBA, seller's certificate, etc. A clear copy of these documents is acceptable.
- \_\_\_\_\_ If your Good Cause is based on work you do for your employer, you must provide a written statement from your employer verifying the work you do and their consensus that a CCW is warranted. This document must be on company letter head and signed.
- \_\_\_\_\_ Verify that each gun you are listing on your permit is registered to you in CA. The gun cannot be registered to another family member. If you purchased the gun in CA, then most likely it is properly registered to you.
- \_\_\_\_\_ Complete "Applicant Information Form", attached to this document and bring it to the interview.

In addition to bringing the listed copies, also bring the original documents just in case we need to photo copy them again.

No application will be submitted without all required documents.

# CCW PERMIT APPLICANT INFORMATION FORM

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

Please select where you live:	
City <input type="checkbox"/>	County <input type="checkbox"/>

RESIDENCE ADDRESS: _____	
CITY: _____	ZIP: _____
MAILING ADDRESS: _____	
CITY: _____	ZIP: _____
HOME #: _____	CELL #: _____
EMAIL: _____	

EMPLOYER/BUSINESS: _____	
EMPLOYER ADDRESS: _____	
CITY: _____	ZIP: _____
WORK#: _____	
OCCUPATION: _____	

BIRTHDATE: _____	STATE/COUNTRY OF BIRTH: _____		
CA DRIVER/ID #: _____	SOCIAL SECURITY # _____		
HEIGHT: _____	WEIGHT: _____	EYE: _____	HAIR: _____

**FIREARM INFORMATION:**

	<u>MANUFACTURER</u>	<u>SERIAL NUMBER</u>	<u>CALIBER</u>	<u>MODEL</u>	<u>QUAL</u>	<u>DROS</u>
1	_____	_____	_____	_____		
2	_____	_____	_____	_____		
3	_____	_____	_____	_____		