

County of Santa Clara

Office of the Sheriff

55 West Younger Avenue
San Jose, California 95110-1721
(408) 808-4942



Robert Jonsen
Sheriff

Office of the Sheriff, County of Santa Clara C.C.W. Firearms Proficiency

All Santa Clara County Sheriff's Office approved training providers must ensure the following minimum standard has been met. The Live-Fire portion of the training shall be demonstrated with all weapons to be listed on the license. Demonstrate drawing and presentation from a holster either during the classroom portion or Live-Fire.

Qualification Course, (Minimum qualification of 21/25 rounds. Standard B-27, 8-Ring

15-yard line Drawing from the holster the shooter will fire 5 rounds in 20 seconds.

7-yard line. Drawing from the holster the shooter will fire 5 rounds in 15 seconds, twice.

5-yard line Drawing from the holster the shooter will fire 5 rounds in 10 seconds, twice.

Note: Applicants must safely draw a loaded firearm from a holster designed for their weapon which securely attaches to the applicants clothing.

Name: _____ Date: _____

WEAPONS:

Make: _____ Serial #: _____ Model: _____ Cal: _____

Appeared in good working order: Yes No

Make: _____ Serial #: _____ Model: _____ Cal: _____

Appeared in good working order: Yes No

Make: _____ Serial #: _____ Model: _____ Cal: _____

Appeared in good working order: Yes No

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<u>Firearms Handling Proficiency</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Safety	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity	<input type="checkbox"/>	<input type="checkbox"/>
Weapon Handling	<input type="checkbox"/>	<input type="checkbox"/>

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Comments:

Permit Holder Acknowledgment

I acknowledge and fully understand the curriculum that was taught to me. I reviewed all weapons information and have qualified with all weapons listed on this form.

X _____

CCW/Firearms Training Certification

On _____ attended _____ hours of instruction acceptable to the
(Date) (Applicant Name) (Hours)
 Sheriff pursuant to CA Penal Code Section §26165(a).

I, _____ Range Master/Firearms Instructor for the below named company,
(Print name)
 do hereby certify that the weapons listed above appeared in good working order. I also certify that the above-named individual has passed the CCW/Firearms training course that I have on file with Santa Clara County and qualification course (per 26165(a)) for CCW Licensees.

 Range Master/ Firearm Instructor Signature Company Name

 Name of Range Address City State Zip