

**Kern County Probation Department**

**MEMORANDUM**



**TO:** Range Master

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**SUBJECT:** Concealed Weapons Qualifications and Authorization

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**To be completed by the Administrative Services Division:**

This is to certify that the Kern County Probation retiree listed below has retired in good standing and is qualified, in accordance with 18 USCS ' 926C, to carry a concealed weapon in another state:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Rank at retirement: \_\_\_\_\_

Date of retirement: \_\_\_\_\_

\_\_\_\_\_  
Signature Division Designee

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**To be completed by the KCPD Range Master on date of qualification:**

This is to certify that \_\_\_\_\_ qualified with \_\_\_\_\_  
Name Weapon Make/Model/Serial No.

on \_\_\_\_\_ and may be issued a Concealed Weapons Permit in accordance with

18 USCS ' 926C. This qualification will expire on \_\_\_\_\_.

\_\_\_\_\_  
Range Master or Designee

**To be completed by the retired member:**

I am requesting identification/certification to carry a concealed weapon under:

\_\_\_\_\_Federal Law (18 USCS ' 926C)

\_\_\_\_\_State Law (Penal Code section 25450)

I agree and understand that for the purposes of any license issued by the Kern County Probation Department, I am not a peace officer employee of the Probation Department or the County of Kern and that any actions I may take in connection with any identification/certification issued by the Probation Department will be in my capacity as a private citizen and not as a peace officer or employee of the County of Kern. I have also read, understand and agree to the Probation Department's policy concerning the issuance and renewal of identification under this procedure and I will immediately surrender said identification in the event that I am disqualified from receiving a firearm under federal law. I agree that I am responsible to provide and maintain any weapon or firearm that I may use in connection with an identification issued under this policy and that the County of Kern, including, but not limited to, the Probation Department and the Department Range Master, are not responsible for the condition, upkeep or inspection of my privately owned weapons.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

DOB: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_