

Kern County Probation Department

RETIREE CCW PROCEDURE

Non-Department Firearms Instructor



Kern County Probation Department Range Qualification procedure for Retirees who choose to qualify pursuant to 18 USCS ' 926C utilizing a firearms instructor who is not associated with the Kern County Probation Department.

The purpose of this qualification is to determine that the Retiree is capable of safely loading, firing and unloading the type of firearm they will be carrying as a concealed weapon. The Range Staff will consider this to be a "safety check" more than a "score sheet" to determine qualification. The Retiree shall be held to an 80% standard on an FBI "Q" target or a functional equivalent. All firing shall be sighted. The Range Staff may offer additional range instruction and opportunities to practice but such is not mandated. The Retiree should be allowed to remediate as needed. The Range Staff will make reasonable accommodations for disabilities, as long as safety is not compromised ie: Retiree's confined to a walker; the Retiree no longer has the use of one hand; etc.

The minimum course of fire shall consist of 10 rounds and will be fired from the nominal seven yard line. There will be no time limit imposed upon the shooter. The shooter will demonstrate loading the gun and will fire four (4) rounds, sighted, utilizing both hands. The shooter will fire three (3) rounds with their primary hand and three (3) rounds with their secondary hand, firing one handed only. The shooter will demonstrate unloading the gun and or confirming to the instructor the weapon is in fact, unloaded and safe.

The firearms instructor will include their State firearms Instructor's certification number, NRA handgun instructor number or other information indicating the instructor has been designated by that State's Official Rifle and Pistol Association as a certified instructor. Non-Kern County Probation Department instructors may also be official instructors for a local Law Enforcement Agency and should state their name, agency, title and badge number.

Kern County Probation Department

MEMORANDUM



TO: Range Master

DATE: _____

FROM: _____

SUBJECT: Concealed Weapons Qualifications and Authorization

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

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: _____