

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: _____

Total # of years of service: _____

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 Non- Departmental Firearms Instructor on date of qualification:

This is to certify that _____ qualified with _____ on _____ and may be issued a Concealed Weapons Permit in accordance with 18 USCS '926C. This qualification will expire on _____.

Print Name

Company/ Agency Name

Instructor's Certification
(i.e.: NRA, POST, State Cert, Agency)

Certification #, Agency Title, & Badge #

Firearms Instructor Signature

Date of Qualification