

PROOF OF EXAMINATION

To: Butte County Sheriff's Office

Please be advised that on _____, at _____
Date Range Name

First, Middle, Last D.O.B.

demonstrated proficiency in qualification requalification with the weapon(s) described below:

Make: _____	Make: _____
Serial: _____	Serial: _____
Caliber: _____	Caliber: _____
Model: _____	Model: _____
Type: _____	Type: _____
Make: _____	Make: _____
Serial: _____	Serial: _____
Caliber: _____	Caliber: _____
Model: _____	Model: _____
Type: _____	Type: _____

This qualification was conducted as part of a minimum four-hour class in defensive firearms training, which the above stated individual has successfully completed. The class emphasized basic laws and liabilities that apply to the use of deadly force and concealed carry, as well as general firearms safety, use, and marksmanship and in compliance with the minimum standards of instruction mandated by the Butte County Sheriff.

This firearm qualification is to add these weapon(s) to Butte County
 CCW Permit #: M _____

I, the undersigned, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Instructor: _____

Signature

Printed Name