

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: _____

☐ **Part One of the 8-hour Initial CCW Course or 4-hour Renewal with Qualification**

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 completes Part One, 4 hours of the 8-hour Initial or the 4-hour Renewal Course

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's Name: _____

Instructor's Signature: _____

☐ **Part Two of the 8-hour CCW Course**

This class was conducted as part of a minimum eight-hour class in defensive firearms training, which the above stated individual has successfully completed. The class emphasized firearms safety, use, and marksmanship and in compliance with the minimum standards of instruction mandated by the Butte County Sheriff.

This completes Part Two, total of 8-hours for the Initial Course

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's Name: _____

Instructor's Signature: _____