



**California Concealed Weapons Carry Course Student  
Registration Information**

Date of Course: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Photo Identification Type: \_\_\_\_\_ Number: \_\_\_\_\_  
(Driver License or Passport)

Expiration Date: \_\_\_\_\_

Handgun (Make/Model) to be used as "carry firearm"

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

---

Is this permit application a renewal or initial?      Renewal ☐      Initial ☐

Student's Signature: \_\_\_\_\_

**-----Instructors to complete below this line-----**

Participating Instructor(s) \_\_\_\_\_

Student Pass?      Yes ☐      No ☐