



Yolo County Sheriff's Office

140 Tony Diaz Drive, Woodland, CA 95776
 (530) 668-5280 Fax (530) 668-5238 (916) 375-6493

CCW INSTRUCTOR APPLICATION

APPLICANT

NAME LAST :		FIRST, MIDDLE:	
HOME ADDRESS:			
MAILING ADDRESS: (IF DIFFERENT)			
HOME PHONE:	BUSINESS PHONE:	CELL PHONE:	
E-MAIL ADDRESS:			
BUSINESS NAME:			
BUSINESS ADDRESS:			
LOCATION OF TRAINING: (PHYSICAL ADDRESS)			

INSTRUCTOR LIST (CURRENT RESUMES MUST BE ATTACHED)

NAME: (LAST, FIRST MIDDLE)	PHONE NUMBER: <input type="checkbox"/> HOME, <input type="checkbox"/> CELL	EMAIL:
NAME: (LAST, FIRST MIDDLE)	PHONE NUMBER: <input type="checkbox"/> HOME, <input type="checkbox"/> CELL	EMAIL:
NAME: (LAST, FIRST MIDDLE)	PHONE NUMBER: <input type="checkbox"/> HOME, <input type="checkbox"/> CELL	EMAIL:
NAME: (LAST, FIRST MIDDLE)	PHONE NUMBER: <input type="checkbox"/> HOME, <input type="checkbox"/> CELL	EMAIL:

I understand that all persons and businesses applying to be authorized concealed weapons course instructors for the Yolo County Sheriff's Office are subject to approval by the Sheriff or his/her designee and must meet the requirements as outlined in the Yolo County Sheriff's Office Concealed Weapons Policy. I further attest that the information provided in this application packet is true and complete and that any untrue information or incomplete information can be cause for denial of my request.

NAME (PRINT)	SIGNATURE	DATE
--------------	-----------	------

FOR OFFICE USE ONLY

DATE RECEIVED:	RECEIVED BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER
		<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX
ATTACHMENTS: (DO NOT ACCEPT UNLESS ALL ATTACHMENTS ARE INCLUDED WITH PACKET) <input type="checkbox"/> CURRICULUM <input type="checkbox"/> COURSE OF FIRE <input type="checkbox"/> CERTIFICATE		
<input type="checkbox"/> CURRENT RESUMES FOR EACH INSTRUCTOR LISTED <input type="checkbox"/> INITIAL COURSE OUTLINE (16 HOUR) <input type="checkbox"/> RENEWAL COURSE OUTLINE (MINIMUM 4 HOUR)		
DATE TO SGT: _____		
<input type="checkbox"/> APPROVED BY: _____ DATE: _____		
<input type="checkbox"/> DENIED REASON: _____		