

Cash _____
Check # _____
Receipt # _____
Amount _____

TEHAMA COUNTY SHERIFF'S OFFICE
Concealed Weapons Permit

Date _____

Name _____
(Last) (First) (Middle) (Maiden or Alias)

Physical Address _____
(Number) (Street) (City) (State) (Zip)

(Years) at present address _____ Country of Citizenship: _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email Address: _____

Date of Birth _____ Age _____ Race _____ Sex _____

HGT _____ WGT _____ Hair Color _____ Eye Color _____

Driver's License # _____ Social Security # _____

City & County & State of Birth _____

Occupation _____ Business Name _____

Address _____
(Number) (Street) (City) (Zip)

Phone Number _____

In Emergency Notify _____ Relationship _____

Address _____
(Number) (Street) (City) (Zip)

Phone Number _____

Have you ever been convicted of a crime? Yes _____ No _____. If yes, explain.
(Include date, city, and type of Offense)

Applicants Signature _____