

PROOF OF QUALIFICATION FOR ADD-ON

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 with the weapon(s) described below:

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

ADD-ON Qualification Shoot

This firearm qualification is to add these weapon(s) to Butte County CCW Permit #: _____
in compliance with the minimum standards mandated by the Butte County Sheriff.

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 Name: _____

Signature: _____