



GUARDIAN
SPCA

GuardianSPCA.org
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GUARDIAN S.P.C.A

California Concealed Carry Weapons (CCW) Course – Riverside County

REGISTRATION FORM

APPLICANT INFORMATION

Full Legal Name: _____

Residential Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Date of Birth: (MM/DD/YYYY): _____

California Driver's License / ID Card No.: _____

Expiration: _____

APPLICATION TYPE (highlight one): ☐ **INITIAL** ☐ **CCW CERTIFICATION**
RENEWAL CCW CERTIFICATION

FIREARM(S) TO BE QUALIFIED WITH (Up to four firearms may be listed.
(Each firearm must be transported unloaded in a locked container.)

Make Model Caliber

Serial Number

- 1
- 2
- 3
- 4

MANDATORY LIVE-FIRE QUALIFICATION I acknowledge that this CCW certification course includes a required **hands-on LIVE-FIRE** portion. I will bring the above-listed firearm(s), factory-loaded ammunition, eye & ear protection, and will comply with all range safety rules. Initials: _____

EMERGENCY CONTACT (optional) Name: _____ Phone: _____
(_____) _____

CERTIFICATION & SIGNATURE I certify that the information provided above is true and correct. I understand that providing false information is grounds for denial of training or certification.

Applicant Signature: _____ Date: _____

Guardian SPCA Use Only:

- Payment Received ☐ Cash ☐ Credit ☐ Check # _____
- Course Date(s): _____ Instructor: _____
- Qualification Score(s): _____
- Certificate Issued: ☐ Yes ☐ No

INSTRUCTOR LEGAL CERTIFICATION:

I certify that I am currently certified by the California Department of Justice as a CCW Firearms Instructor and that the applicant named above has successfully completed all mandatory components of this course, including the live-fire qualification, in accordance with Riverside County requirements and California Penal Code § 26165.

Instructor Name (print): _____

Signature: _____

Date: _____

DOJ CCW Instructor License No.: _____