



POLICE DEPARTMENT

CITY OF  
**PALO  
ALTO**

275 Forest Avenue  
Palo Alto, CA 94301  
650.329.2406

**Andrew Binder**  
Chief of Police

**Palo Alto Police Department, County of Santa Clara**  
**C.C.W. Firearms Proficiency**

Palo Alto Police Department approved training providers must ensure the following minimum standard has been met. The Live-Fire portion of the training shall be demonstrated with all weapons to be listed on the license. Demonstrate drawing and presentation from a holster either during the classroom portion or Live-Fire.

**Qualification Course, (Minimum qualification of 21/25 rounds. Standard B-27, 8-Ring**

**15-yard line** Drawing from the holster the shooter will fire 5 rounds in 20 seconds.

**7-yard line** Drawing from the holster the shooter will fire 5 rounds in 15 seconds, twice.

**5-yard line** Drawing from the holster the shooter will fire 5 rounds in 10 seconds, twice.

**Note:** Applicants must safely draw a loaded firearm from a holster designed for their weapon which securely attaches to the applicants clothing.

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

**WEAPONS:**

Make: \_\_\_\_\_ Serial #: \_\_\_\_\_ Model: \_\_\_\_\_ Cal: \_\_\_\_\_

Appeared in good working order: Yes  No

Make: \_\_\_\_\_ Serial #: \_\_\_\_\_ Model: \_\_\_\_\_ Cal: \_\_\_\_\_

Appeared in good working order: Yes  No

Make: \_\_\_\_\_ Serial #: \_\_\_\_\_ Model: \_\_\_\_\_ Cal: \_\_\_\_\_

Appeared in good working order: Yes  No



Firearms Handling Proficiency

Satisfactory

Unsatisfactory

Safety

Familiarity

Weapon Handling



Comments:



**Permit Holder Acknowledgement**

I acknowledge and fully understand the curriculum that was taught to me. I reviewed all weapons information and have qualified with all weapons listed on this form.

X \_\_\_\_\_

**CCW/Firearms Training Certification**

On \_\_\_\_\_ attended \_\_\_\_\_ hours of instruction acceptable to the Chief  
(Date) (Applicant Name) (Hours)

Pursuant to CA Penal Code Section 26165(a).

I, \_\_\_\_\_ Range Master/Firearms Instructor for the below named  
(Print name)  
company, do hereby certify that the weapons listed above appeared in good working order. I also certify that the above-named individual has passed the CCW/Firearms training course that I have on file with Palo Alto Police Department and qualification course (per 26165(a)) for CCW Licensees.

\_\_\_\_\_  
Range Master/ Firearm Instructor Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name of Range                      Address                      City                      State                      Zip



POLICE DEPARTMENT

CITY OF  
**PALO  
ALTO**

275 Forest Avenue  
Palo Alto, CA 94301  
650.329.2406

---



[CityOfPaloAlto.org](http://CityOfPaloAlto.org)