



“To protect and Serve”

NEVADA CONCEALED WEAPON TRAINING STANDARDS LETTER OF AGREEMENT

1. I, the perspective CCW Firearms Instructor, have read and understood the required minimum CCW Standards as issued by the Nevada Sheriffs’ and Chiefs’ Association (hereafter referred to as **NVSCA**) pursuant to the authority given to the Association in NRS 202.3657.
2. I understand it is my responsibility as a Certified Firearms Instructor in Lyon County, Nevada, to maintain the minimum standards and the Nevada CCW proficiency test as issued as by the NVSCA.
3. I understand it is my responsibility to administer the written proficiency test, which requires a 70 percent to pass. Evidence of the administration of the proficiency test will be indicated on the student’s certificate as “PASS” or “FAIL”.
4. I understand it is my responsibility to inform the Lyon County Sheriff’s Office of any changes that might affect my eligibility to instruct classes, including any address or phone number changes.
5. I understand it is my responsibility to provide and maintain with the Lyon County Sheriff’s Office, a current business license and Certificate of Education.
6. I understand it is my responsibility to comply with all rules and regulations required by the NVSCA and Lyon County Sheriff’s Office.
7. I authorize the Lyon County Sheriff’s Office to perform a local background check.

Print Name

Date

Signature

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