



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

CONCEALED HANDGUN LICENSING

EXAMPLE:

Yes No

INSTRUCTOR CERTIFICATION APPLICATION

APPLICANT INFORMATION

Are you applying for **both** a Concealed handgun License and Certification as a Qualified Handgun Instructor? (SEE INSTRUCTIONS FOR MORE DETAILS) Yes No

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

Applicant Last Name (*AS APPEARS ON CHL-78)		First Name		M.I.	Suffix (IF ANY)
<input type="radio"/> Driver License <input type="radio"/> ID Card	Issuing State? (2-DIGIT CODE)	DL/ID Number (*PROVIDE COLOR COPY OF DL/ID)		Social Security No. - -	

1. Have you successfully completed a **handgun instructor training course**? Yes No

2. Please list **each** course, the date completed and the date of expiration. Please attach legible copies of documentation and certificates you received for the handgun instructor's training course(s) you have completed.

Course Title	Course Hours	Class Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
		/ /	/ /
		/ /	/ /
		/ /	/ /

3. Are you **current** with the standards of the handgun instructor's training course that you completed? Yes No

4. Do you **currently teach** a firearms training course(s)? Yes No *If NO, **skip** questions 5 and 6, proceed to question 7.

5. Who is the **employer** and where do you teach the course(s)?

6. Please list the firearms course(s) that you **currently instruct**:

7. Please list the firearms course(s) that you have **taught in the past** and the dates taught:

Course Title	Course Hours	Class Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
		/ /	/ /
		/ /	/ /
		/ /	/ /

8. If you have completed courses that are TCLEOSE and NRA recognized, approved by law enforcement college firearms related courses and/or specialized military courses that are approved by the CHL Coordinator will qualify you for the 28 hour abbreviated course. YOU MUST PROVIDE COPIES OF CERTIFICATIONS TO BE APPROVED. All other applicants must take the 36 hour course.

I am qualified for and request to attend a: (SELECT ONLY ONE) 36 hour instructor course 28 hour abbreviated instructor course

9. When you are certified, would you like to participate in the **Opt-In program**, where you can list your Concealed Handgun Instructor services and contact information on the DPS website? (IF YOU OPT-IN, THE INFORMATION BELOW WILL BE LISTED ON THE CHL WEBSITE.) Yes No

Contact Email For Instructor Services	Instructor URL or Website
Instructor Services Phone Number ()	Counties Serviced

I verify that the information provided is true and correct, and I understand that any required fee is **non-refundable**. I also understand that this is an **official Government record** and that any missing information and/or false statement made on this document or any other supplement provided to the Department will cause a **delay** in the processing of my application and may result in **criminal prosecution**.

Applicant Signature _____ Date ____/____/____