

CONCEALED HANDGUN TRAINING INSTRUCTOR VERIFICATION CERTIFICATE

THIS CERTIFIES THAT PURSUANT TO COLORADO REVISED STATUTE SECTION 18-12-202.7, THE
_____ COUNTY SHERIFF'S OFFICE HAS VERIFIED

NAME OF INSTRUCTOR

as an instructor of a

Concealed Handgun Training Class Concealed Handgun Training Refresher Class

in compliance with Colorado law.

Instructor Verification No: [if applicable]

Date of Verification: Month, Day, Year

Verification Expiration: Month, Day, Year

Name of Sheriff, _____ County

[INSERT AGENCY LOGO HERE]