

[AGENCY] Verified Instructor Application / Renewal Form

Email form and attachments to [insert email address] or Mail to: [insert mailing address]

Are you currently a verified instructor with [insert agency name] ?		Type of verification requested, and associated fee:	
<input type="checkbox"/> No <input type="checkbox"/> Yes Expiration date: _____		<input type="checkbox"/> New = \$100.00 <input type="checkbox"/> Renewal = \$50.00	
Address of the principal place where you conduct firearms training (Location must be in [insert county]):		Application fee must be paid BEFORE this form can be submitted. [insert any specific directions for available payment methods]	
Applicant's Name (Last, First, and Middle):		Email:	
Current Home Address:		City / State / Zip:	Personal Phone Number:
Mailing Address (if Different from Above):		City / State / Zip:	
Business Name for Firearms Training:		Business Email (if different from above):	
		Business Website (if any):	
Business Address of Firearms Training:		City / State / Zip:	Business Phone Number:
Type of classes you offer (check all that apply):			
<input type="checkbox"/> Concealed Handgun Training Class (Initial or first-time) <input type="checkbox"/> Refresher class <input type="checkbox"/> BOTH			
Name and Address of Organization Certifying You as a Firearm Instructor:	Type of Organization Certifying You as Instructor:		Certification Number:
	<input type="checkbox"/> Federal, State, County, or Municipal Law Enforcement Agency <input type="checkbox"/> College or university <input type="checkbox"/> Nationally recognized organization that offers firearms training <input type="checkbox"/> Firearms Training School		Certificate Expiration Date:
Colorado CHP Permit No.:	Colorado CHP Permit Expiration:	Colorado CHP County of Issue:	

Attach a copy of all documents listed below (Documents of poor quality may be rejected):

<input type="checkbox"/> Concealed Handgun Permit	<input type="checkbox"/> Receipt for Payment of Application Fee
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Copy of your Firearms Instructor Training Certificate(s)
<input type="checkbox"/> Instructor Certification of Compliance with Statutory Instruction Requirements	<input type="checkbox"/> Copy of Course Curriculum [at agency's option]

ACKNOWLEDGMENT AND RELEASE OF INFORMATION

- I acknowledge that I have read, understand, and am abiding by all requirements of HB24-1174.
- I understand that C.R.S. § 18-12-202.7(3)(c) requires the Sheriff to maintain a record of my name as a verified instructor and to post my name and the expiration of my instructor's verification on the Sheriff's website. I consent to this information being released to the public and posted on the [insert agency name]'s website.
- I affirm that the information on this Application is true, correct, and complete, and I acknowledge and understand that the information I have provided on this Application will be verified by the Sheriff's Office.

Signature: _____ **Date:** _____

Below section for CHP staff only – DO NOT WRITE BELOW THIS LINE			
	Initials:	Date:	Notes:
All documents received			
Information Verified			
STATUS <i>*If not approved, the sheriff's office shall notify the person in writing.</i>			Circle one: Approved Denied Revoked Suspended
Updated LOG			
Updated on website			
Updated CHP list			
Scanned into EDMS			