New Mexico Department of Public Safety

Concealed Carry After Action Report

DPS Approved Instructor Number: _____ Page: _____ of _____

Printed Name of Instructor: _____ New Mexico Concealed Handgun Class-Report# _____

Signature of Instructor: _____ Course Date: _____

Course Location:

Seq. #	Name:	Address:	Date of Birth	Semi-Auto	Score	Revolver	Score	Additional Data

Date Submitted: _____ Date Received: _____

This Form must be completed (Typed or Printed Clearly) by the Instructor.

This Form must be submitted within ten (10) working days after the end of each firearms training course.

WARNING: Submission of a false answer to any question or submission of a materially false document will result in the denial of the application and may result in criminal prosecution for perjury (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.

Revised 10-16-2017