New Mexico Department of Public Safety

Concealed Carry After Action Report

Primary Instructor Name:	Additional Instructor/s Name:
Primary Instructor Number:	Course Location:
rimary Instructor Expiration:	Course completion date:
imary Instructor Signature:	(Only one date should be listed for the course completion date)

Sequential #	Name:	Address:	Date of Birth	Semi-Auto	Score	Non-Semi	Score	Additional Data
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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.

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