

New Mexico Department of Public Safety

Concealed Carry Instructor Application

There are no fees for applying to become an approved concealed carry instructor.

Your application **WILL NOT** be processed unless/until all requirements have been met and all documents have been submitted.

TYPE or PRINT LEGIBLY IN INK.

Be sure to include:

- | | | |
|--|---|---|
| <input type="checkbox"/> 2-page Application | <input type="checkbox"/> Instructor Resume | <input type="checkbox"/> Fee Schedule (Course fees, Incidental, etc.) |
| <input type="checkbox"/> Fingerprints (new instructors only) | <input type="checkbox"/> Instructor Liability Insurance | <input type="checkbox"/> Refund Policy |
| <input type="checkbox"/> Release Forms (new instructors only) | <input type="checkbox"/> Curriculum (PowerPoint, Booklet, etc.) | <input type="checkbox"/> Reschedule Policy |
| <input type="checkbox"/> Photocopy of Drivers License | <input type="checkbox"/> Instructor Credentials (DPS, NRA, USCCA, Etc.) | <input type="checkbox"/> Attendance Requirements |
| <input type="checkbox"/> Birth Certificate (Not required with Real ID) | - Credentials must have been issued with three years | <input type="checkbox"/> Policies for passing and failing |

All Online courses must meet or exceed the New Mexico DPS Concealed Carry Online Standards. A copy of the standards can be found at WWW.DPS.NM.GOV

<input type="checkbox"/> New Instructor Application				<input type="checkbox"/> Renewal Instructor Application (Expiration Date) _____				<input type="checkbox"/> Curriculum Change					
Type of course:			Type of curriculum:			Instructor Credential Type and Expiration:							
In-person only <input type="checkbox"/>			State provided curriculum <input type="checkbox"/>			Law Enforcement <input type="checkbox"/>		USCCA <input type="checkbox"/>		NRA <input type="checkbox"/>		Other <input type="checkbox"/>	
Online & In-person <input type="checkbox"/>			Personal curriculum to be approved <input type="checkbox"/>			Issue Date _____		Expiration Date _____					
Last Name:			First Name:			Middle Name:			County of Residency:				
Social Security Number:			Fingerprint TCN: (New Applicants Only)			Driver's License or I.D Number:			DL Issue Date:				
Date of Birth: (mm-dd-yyyy)		Sex:	Height:	Weight:	Eye Color:		Hair Color:		Race:				
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X											
City of Birth:			State of Birth:			Country of Birth other than USA:							
Mailing Address:					City:			State:		Zip Code:			
Physical Address (if different than above):					City:			State:		Zip Code:			
How long have you lived at the above address?			Home Phone Number:			Phone number to be posted on DPS website:							
Years Months													
Email Address to be posted on DPS website:													
Approved Instructors must complete a training course Biennially. They must also submit credentials, insurance, and curriculum annually.													
Date of last Biennial training course: _____						Date of last annual submission: _____							
FOR OFFICE USE ONLY:													
Do not accept any fees with this application.													
The Department of Public Safety acknowledges that this application was received on _____ and received by:													
_____						_____							
Signature of employee accepting application						Printed name of employee accepting application							

ALL APPLICANTS PLEASE READ QUESTIONS THOROUGHLY AND ANSWER QUESTIONS BY CHECKING "YES" or "NO".

	YES	NO
1. Are you a citizen of the United States OR permanent resident?		
2. Are you a resident of New Mexico OR a member of the armed forces whose permanent duty station is located in New Mexico?		
3. Are you 21 years of age or older?		
4. Have you satisfactorily completed an approved firearm instructor training program?		
5. Have you been convicted of a felony in New Mexico or any other state or pursuant to the laws of the United States or any other state or pursuant to the laws of the United States or any other jurisdiction?		
6. Are you currently under indictment for a felony criminal offense in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction?		<input type="radio"/>
7. Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing firearm?		
8. Have you been adjudicated incompetent or committed to a mental institution?		
9. Are you an unlawful user of, or addicted to, any controlled substances and/or alcohol?		
10. Have you received a conditional discharge, a diversion or a deferment, or been convicted of, pled guilty to, or entered a plea of nolo contendere to a misdemeanor offense involving a crime of violence within the last 10 years?	<input type="radio"/>	<input type="radio"/>
11. Have you, within five years immediately preceding this application, been convicted of a misdemeanor offense involving driving while under the influence of intoxicating liquor or drugs?		
12. Have you been convicted of a misdemeanor offense involving the possession or abuse of a controlled substance within the last 10 years immediately preceding this application?		
13. Have you been convicted of a misdemeanor offense involving assault, battery, or battery against a household member?		
14. Since the age of 18, have you been arrested for a disqualifying charge? (Include final disposition documents with application.)		
15. Are you a fugitive from justice?		
16. Are you an alien who is residing in the United States illegally or a former citizen of the United States who has renounced citizenship?		
17. Do you meet ALL training instructor criteria required under NMAC 10.8.2.22? (If yes, include all proper documentation).		

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.

I HEREBY STATE UNDER PENALTY OF LAW THAT:

1. I have read the New Mexico Concealed Handgun Carry Act of 2003 and qualify to apply for an instructor permit.
2. The information in this application and any documents submitted in this application is true, correct, and complete to the best of my knowledge and belief; and
3. I understand a license eligibility investigation will be conducted as a part of the application process; this may involve, but is not limited to, computerized record searches/ criminal history searches and I authorize the investigation.

Signature of Applicant

Printed Name

Date

This document only needs to be filled out by instructors who are submitting online curriculum for approval.

Additional information may be included on separate pages if necessary.

1. What platform will you be using to provide the online portion of your course (Brightspace, Blackboard, Etc.)?

2. Does the platform have the ability to track how much time the student spends participating in online training?

3. Does the platform have the ability to log off inactive students?

4. How do you plan on verifying the identity of the student participating in the course?

5. What methods are used to ensure videos are watched in their entirety?

6. Does the platform have any type of group discussion or student forum? If not, how are student questions being answered or addressed?

7. How many hours is the online portion of the course vs. the in-person portion?

8. Does your course meet the standards set by the Concealed Carry Handgun Act?

9. What instructional delivery methods does the online course utilize to accommodate individual learning styles?

10. What type of knowledge checks will you be utilizing in the course?

11. What methods are used in the online training course to ensure active participation by the student?

12. How is the department given access to the online course for review and audits?