

NEW MEXICO DEPARTMENT OF PUBLIC SAFETY CONCEALED CARRY UNIT



CERTIFICATE OF SUCCESSFUL COMPLETION OF NEW MEXICO CONCEALED HANDGUN TRAINING COURSE

	This is to certify that:						
		INCLUDE PERMIT NUMBER NEXT TO NAME IF AVAILABLE					
	ection A of NMSA 1	roved State of New Mexico Fire 1978, Section 29-19-7, and dem earms Training for Applicants :	nonstrated Ha	ndgun C	competency	and/or as specified in	
Initial 15-hour NM CCW Course □							
		our Renewal	Course				
		ur Refresher Course					
		Endors	ement				
	Semi-Auto Firearm Information		Non-Semi-Auto Firearm Information				
	Caliber:		Caliber:				
	Score:		Score:				
Stud	ent Information:						
	Street Address	Sequential Number:					
	City, State, Zip	Date Course Completed:					
	Date of Birth	Hours of Training Completed:					
Inst	ructor Informatio	n:					
	DPS Approv	ed Primary Instructor Numl	ber:				
	Type or Pri	nt Name of Primary Instruc	tor:				
	Inst	ructor Permit Expiration D	ate:				
		Signature of Instruc	tor:				

This form must be completed (Typed or Printed Clearly) by the instructor. This form must be submitted with the initial, or renewal application for a Concealed Handgun Carry Permit, or as proof of 2-Year Refresher Training.

Date Signed:

This Certificate Expires 90 Days From Course Completion Date.