



TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY

State Certified Handgun Instructor Application

Instructor #: [] [] []
[] NEW
[] RENEWAL

Name of Applicant: _____

E-mail Address: _____

Mailing Address (no PO Box): _____

Street Address

City

State

Zip

Telephone # _____

Primary #

Alternate #

Race Sex Date of Birth Driver's License # Social Security #

Have you ever been convicted of a felony or any drug or alcohol related offense in the past ten (10) years?

[] YES [] NO

If yes, please provide details: _____

Handgun Instructor Certification (check one):

- [] National Rifle Association (provide NRA #)
[] P.O.S.T. (Law Enforcement)
[] Federal Bureau of Investigation
[] Other (provide details)

Declaration:

I the undersigned, certify the above information to be true and accurate. I have read the Tennessee Department of Safety and Homeland Security Rules Chapter 1340-2-3, State Certified Handgun Training Program, and agree to conduct the Handgun Training Course in accordance with the rules and regulations therein. I understand that my failure to comply with the rules and regulations may result in the suspension, revocation or denial of my certification.

Signature

Date

Check List: I have attached the following required documents to my application (all forms must be submitted for new and renewals):

- [] Supporting documents of accepted Handgun Instructor training (NRS, P.O.S.T., F.B.I., etc....)
[] Check or Money Order in the amount of \$25.00

Mail all correspondence to:

TDOSHS Handgun Unit
P.O. Box 23710
Nashville, TN 37202