Office of Attorney General Derek Schmidt Concealed Carry Handgun Licensing Unit Class Roster Report

Pursuant to K.S.A. 75-7c04(b) and K.A.R. 16-11-3(c)

Primary Instructor	•				
Last Name	First Name	Mid.Initial	State Issued D	L or ID Number	
Secondary Instruc	tor(s)				
Last Name	First Name	Mid.Initial	d.Initial State Issued DL or ID Number		
Date(s) of Class					
Start Date			End Date		
Location of Class	(where classroom	portion was	conducted)		
Address			City	State	
Location of the Ra	ange (where live fi	re exercise v	vas conducted))	
Address			City	State	
Class Roster					
Last Name	First Name	Mid.Initial	State Issued D	L or ID Number	

Class Roster (Continued)

Last Name	First Name	Mid.Initial	State Issued DL or ID Number

CLASS ROSTERS MUST BE MAILED, FAXED OR EMAILED TO THE CONCEALED CARRY UNIT WITHIN 10 DAYS AFTER A CLASS IS COMPLETED

MAIL: Concealed Carry Unit FAX: 785-368-6468 Email: ksagcc@ag.ks.gov

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