



ARIZONA DEPARTMENT OF PUBLIC SAFETY

2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638 (602) 223-2000

"Courteous Vigilance"

JANICE K. BREWER ROBERT C. HALLIDAY
Governor Director

CONCEALED-WEAPONS FIREARMS-SAFETY INSTRUCTOR APPLICATION

NAME (LAST, FIRST, MI)			COUNTY	
RESIDENCE ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER (OPTIONAL)	HOME PHONE	WORK PHONE		EXT
ORIGIN/RACE <input type="checkbox"/> American Indian / Alaskan Native (I) <input type="checkbox"/> Black (B) <input type="checkbox"/> Asian / Pacific Islander (A) <input type="checkbox"/> Hispanic/ White (W)		GENDER (CIRCLE) Female Male	HEIGHT	WEIGHT
EYE COLOR (CIRCLE) Black Green Blue Grey Brown Hazel	HAIR COLOR (CIRCLE) Bald Brown Sandy Black Gray White Blonde Red	DATE OF BIRTH		PLACE OF BIRTH (STATE)
TRAINING ORGANIZATION NAME			ORGANIZATION NUMBER	
ORGANIZATION PHONE NUMBER		RESPONSIBLE PARTY (LAST, FIRST, MI)		

Answer "Yes" or "No" to each question below:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen born in the U.S. or one of its territories? If NO, provide a copy of your Permanent Resident Alien Card (<i>front and back</i>). You must also submit a copy of a government issued photo ID and proof of 90 days consecutive residency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a United States citizen born in a country other than the United States or any of its territories? If YES, provide a copy of your legal documentation proving you are lawfully present in the United States. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for a felony offense or arrest? If YES, you do not meet the requirements for obtaining an instructor certification. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony offense? If convicted, the conviction must be expunged, set aside, vacated, or pardoned; or you must have your civil rights restored to be considered for authorization. You must not be a prohibited possessor under state or federal law. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under indictment for or been convicted of a misdemeanor crime of domestic violence? If convicted, you must have the conviction set-aside, vacated, or expunged; or receive a pardon for the crime to be considered for authorization. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been dishonorably discharged from the United States Armed Forces? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suffer from mental illness and have been adjudicated as mentally incompetent or committed to a mental institution? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you meet the training instructor criteria listed under Firearms Safety Training eligibility (AAC R13-9-307)? |

I attest that, to the best of my knowledge, all answers on this application are true. I understand that I may be subject to criminal prosecution for falsification or misrepresentation of any document provided to DPS in the application process. I understand that falsification or misrepresentation is grounds for denial or revocation of instructor authorization.

Applicant Signature

Date

Phoenix (602) 256-6280 *** Outside metropolitan Phoenix, but within Arizona 1-800-256-6280 *** Fax (602) 223-2928
Business hours 8:00 - 5:00 Monday through Friday

www.azdps.gov/ccw

Revised: 090108

**Application Instructions for
DPS CCW Firearms-safety Instructor
September 2008**

This application is for instructor-applicants who do not possess a CCW permit and do not want to apply for a CCW permit or were previously issued a permit and now request authorization as a firearms-safety instructor.

1. Submit current documentation showing completion of one of the following firearms-safety training instructor programs:
 - o Arizona Basic Police Firearms Instructor training provided by Arizona Police Officer's Standards and Training Board.
 - o Police Firearms Instructor Development School provided by the NRA.
 - o Law Enforcement Security Firearms Instructor Development School provided by the NRA.
 - o Pistol Instructor and Personal Protection inside the Home Instructor provided by the NRA.
 - o Law Enforcement Tactical Handgun Instructor provided by the NRA.
 - o Law Enforcement handgun / Shotgun Instructor provided by the NRA.
 - o Law Enforcement Tactical Shooting Instructor provided by the NRA.
 - o Firearms Instructor Training Program provided by a federal law enforcement agency.
2. A certificate of completion of the 8-hour DPS-approved CCW class obtained within the last five years from an authorized firearms-safety training organization.
3. Complete and sign the reverse side (or page one) of application.
 - a. Disclosure of social security number is not required. However, failure to disclose the social security number may delay the processing of your application.
4. Submission of fingerprints is required of all initial firearms-safety instructor applicants. DPS does not provide fingerprint services. However, fingerprint services may be available at your local law enforcement agency or through a private fingerprint service.
 - a. Fingerprint data is transmitted electronically to the FBI for processing. If the FBI is unable to process the images, the Concealed Weapon Permit Unit will mail a reject notice, blank fingerprint card and pre-addressed return envelope to the instructor-applicant requesting submission of a second fingerprint card. The application process will not be completed until the second fingerprint card is received and processed.
 - b. To avoid fingerprint processing delays, have fingerprints taken electronically or, if using an ink & roll service, submit two fingerprint cards with the initial application.
5. Mail the completed application, completed fingerprint card and \$24.00 fee to:

DPS Instructor Program
P.O. Box 6488
Phoenix, AZ 85005-6488
6. Acceptable forms of payment include money order, cashier's check or certified check, made payable to AZ DPS. Personal checks, cash, credit/debit cards are not accepted. Fees are non-refundable.

The department shall not authorize an individual as a firearms-safety instructor if the individual:

1. **Has been convicted of a felony unless;**
 - a. **the conviction has been expunged, vacated, set aside, pardoned or the individual's civil rights have been restored; and**
 - b. **the individual is not currently a prohibited possessor under state or federal law. or**
2. **Has a history of behavior that DPS determines is contrary to the safe and lawful use of a firearm.**

Once DPS has completed processing the application, and DPS has determined the applicant meets the requirements:

- An authorization notice will be mailed to the instructor. The notice will contain the instructor number and the number for the training program the instructor is teaching.
- These numbers must be entered on all future firearms-safety certificates of completion.
- A current version of the approved lesson plan(s) will be provided.

Authorization as a firearms-safety instructor is valid for five years from the date of approval. If the authorization of a firearms-safety instructor expires, the former firearms-safety instructor shall immediately stop providing firearms-safety training. The former firearms-safety instructor may apply again for authorization under R13-9-308.

To ensure timely communication from the Department, an authorized firearms-safety instructor shall provide notice to the Department within 10 days after a change of address or contact telephone number. If mail from the Department to an authorized firearms-safety instructor is returned to the Department because it is undeliverable, the Department shall administratively suspend the firearms-safety instructor's authorization until the firearms-safety instructor submits updated information.

CERTIFICATE OF COMPLETION OF 8-HOUR DPS-APPROVED TRAINING CLASS

TRAINING PROGRAM NUMBER _____	INSTRUCTOR NUMBER _____	ORGANIZATION NUMBER _____
As a DPS-authorized Firearms-safety Instructor, I certify that _____ (applicant's name) satisfactorily completed the DPS-approved 8-hour Firearms-safety Training program required for authorization as a DPS-authorized Firearms-safety Instructor on _____ (date).		
Training location(s): Classroom _____ Qualification _____ City, State City, State		
Instructor name: (Print) _____ Bus. Phone: _____		
Instructor Signature: _____ Date: _____ (Affix stamp or seal here)		