

# Custer County Verified Instructor Application / Renewal Form

Email form and attachments to [chp@custersheriff.com](mailto:chp@custersheriff.com) or Mail to: PO Box 1489, Westcliffe CO 81252

Are you currently a verified instructor with Custer County? <input type="checkbox"/> No <input type="checkbox"/> Yes    Expiration date:		Type of verification requested, and associated fee: <input type="checkbox"/> New = <b>\$100.00</b> <input type="checkbox"/> Renewal = <b>\$50.00</b>	
Address of the principal place where you conduct firearms training (Location must be in Custer County):		<b>Application fee must be paid <u>BEFORE</u> this form can be submitted. <a href="http://www.allpaid.com">www.allpaid.com</a> or in person</b>	
Applicant's Name (Last, First, and Middle):		Email:	
Current Home Address:		City / State / Zip:	Personal Phone Number:
Mailing Address (if Different from Above):		City / State / Zip:	
Business Name for Firearms Training:		Business Email (if different from above):	
		Business Website (if any):	
Business Address of Firearms Training:		City / State / Zip:	Business Phone Number:
Type of classes you offer (check all that apply): <input type="checkbox"/> Concealed Handgun Training Class (Initial or first-time) <input type="checkbox"/> Refresher class <input type="checkbox"/> BOTH			
Name and Address of Organization Certifying You as a Firearm Instructor:	Type of Organization Certifying You as Instructor: <input type="checkbox"/> Federal, State, County, or Municipal Law Enforcement Agency <input type="checkbox"/> College or university <input type="checkbox"/> Nationally recognized organization that offers firearms training <input type="checkbox"/> Firearms Training School		Certification Number:
			Certificate Expiration Date:
Colorado CHP Permit No.:	Colorado CHP Permit Expiration:	Colorado CHP County of Issue:	
<b>Attach a copy of <u>all</u> documents listed below (Documents of poor quality may be rejected):</b>			
<input type="checkbox"/> Concealed Handgun Permit		<input type="checkbox"/> Receipt for Payment of Application Fee	
<input type="checkbox"/> Driver's License		<input type="checkbox"/> Copy of your Firearms Instructor Training Certificate(s)	
<input type="checkbox"/> Instructor Certification of Compliance with Statutory Instruction Requirements		<input type="checkbox"/> Copy of Course Curriculum	
<b>ACKNOWLEDGMENT AND RELEASE OF INFORMATION</b>			
<ul style="list-style-type: none"> <li>I acknowledge that I have read, understand, and am abiding by all requirements of HB24-1174.</li> <li>I understand that C.R.S. § 18-12-202.7(3)(c) requires the Sheriff to maintain a record of my name as a verified instructor and to post my name and the expiration of my instructor's verification on the Sheriff's website. I consent to this information being released to the public and posted on the Custer County Sheriff's Office website.</li> <li>I affirm that the information on this Application is true, correct, and complete, and I acknowledge and understand that the information I have provided on this Application will be verified by the Sheriff's Office.</li> </ul>			
Signature: _____		Date: _____	
<b>Below section for CHP staff only – DO NOT WRITE BELOW THIS LINE</b>			
	<b>Initials:</b>	<b>Date:</b>	<b>Notes:</b>
All documents received			
Information Verified			
STATUS <i>*If not approved, the sheriff's office shall notify the person in writing.</i>			<b>Circle one:    Approved                  Denied                  Revoked                  Suspended</b>
Updated LOG			
Updated on website			
ID Issued			Exp Date: