

# New Mexico Department of Public Safety

## Concealed Carry After Action Report

DPS Approved Instructor Number: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_

Printed Name of Instructor: \_\_\_\_\_ New Mexico Concealed Handgun Class-Report# \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Course Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

Seq. #	Name:	Address:	Date of Birth	Semi-Auto	Score	Non-Semi	Score	Additional Data

Date Submitted: \_\_\_\_\_

Date Received: \_\_\_\_\_

***This Form must be completed (Typed or Printed Clearly) by the Instructor.***

***This Form must be submitted within ten (10) working days after the end of each firearms training course.***

**WARNING:** Submission of a false answer to any question or submission of a materially false document will result in the denial of the application and may result in criminal prosecution for perjury (NMSA 30-25-1). Tampering with public records may result in criminal prosecution under NMSA 30-26-1.