

NEW MEXICO DEPARTMENT OF PUBLIC SAFETY CONCEALED CARRY UNIT



CERTIFICATE OF SUCCESSFUL COMPLETION OF NEW MEXICO CONCEALED HANDGUN TRAINING COURSE

		This is to o	ertify tha	at:			
	INCLUDE PERMIT NUMBER NEXT TO NAME IF AVAILABLE						
	ection A of NMSA, 19	ved State of New Mexico Firea 978, Section 29-19-7, and dem arms Training for Applicants a	onstrated Ha	andgun (Competency a	nd/or as specified in	
Initial 15-hour NM CCW Course							
4-Hour Renewal Course							
2-Hour Refresher Course							
			Endors	sement			
	-						
	Semi-Auto Firearm Information		Non-Semi-Auto Firearm Information				
	Caliber:		Caliber:				
	Score:		Score:				
Stud	ent Information:						
	Street Address:	Sequential Number:					
	City, State, Zip:			Date Course Completed:			
	Date of Birth:		Hours of T	Γraining	Completed:		
Instr	ructor Information:	:					
	DPS Approve	d Primary Instructor Numb	er:				
	Type or Prin	t Name of Primary Instruct	or:				
	Instru	ıctor Permit Expiration Da	ite:				
		Signature of Instruct					

This form must be completed (Typed or Printed Clearly) by the instructor. This form must be submitted with the initial, or renewal application for a Concealed Handgun Carry Permit, or as proof of 2-Year Refresher Training.

Date Signed:

This Certificate Expires 90 Days From Course Completion Date.