

Application Instructions

For a complete outline of eligibility requirements, refer to the New Mexico Concealed Handgun Carry Act of 2003 (as amended in 2005, 2010, 2015, and 2016) Section 29-19-1 through 14, NMSA 1978 and NMAC 10.8.2. There is no application fee for instructors, but fingerprinting and personal concealed carry permit fees are separate.

Applications may be mailed to:

NMDPS Concealed Carry Unit
6301 Indian School Rd NE Suite 310
Albuquerque, NM 87110

Incomplete applications **will not** be processed.
Be sure to sign and date all appropriate locations
and provide a witness and notary signature where required.

You are not required to provide printed copies of the documents, curriculum, or handouts;
submitting them digitally on a flash drive is preferred.

Fingerprinting Procedures for Instructor Application

- Register at <https://nm.ue.state.identogo.com/ue>
- Enter Service code
2BH245 for civilian (\$58)
2BH25N for military or law enforcement (\$23)
- Select "start enrollment"
- Privacy act statement
- Enter applicant information
- Schedule an appointment (Do not select to mail in fingerprint cards)
- Enter zip code and select fingerprint location
- Review info and continue to pay screen
- Print or record receipt for use at scheduled appointment
- Fingerprint location will provide a Transaction Control Number (TCN) after you are fingerprinted
 - ❖ **TCN receipts are now emailed to the applicant. Please be sure to include the TCN in your application.**

If the fingerprints are not accepted by the FBI for comparison purposes, processing of your applications may be significantly delayed, and you may be required to submit another set. You may request to have original documents returned to you by submitting this request along with a self-addressed, stamped envelope.

Additional information and updates pertaining to NM Concealed Carry are available on the NMDPS website: <http://www.dps.nm.gov>.

Check this website periodically for new and updated forms and information on recognition and reciprocity.

New Mexico Department of Public Safety

Concealed Carry Instructor Application

There are no fees for applying to become an approved concealed carry instructor.

Your application **WILL NOT** be processed unless/until all requirements have been met and all documents have been submitted.

TYPE or PRINT LEGIBLY IN INK.

Be sure to include:

- | | | |
|--|---|---|
| <input type="checkbox"/> 2-page Application | <input type="checkbox"/> Instructor Resume | <input type="checkbox"/> Fee Schedule (Course fees, Incidental, etc.) |
| <input type="checkbox"/> Fingerprints (All Applicants) | <input type="checkbox"/> Instructor Liability Insurance | <input type="checkbox"/> Refund Policy |
| <input type="checkbox"/> Release Forms (New Instructors) | <input type="checkbox"/> Curriculum (PowerPoint, Booklet, etc.) | <input type="checkbox"/> Reschedule Policy |
| <input type="checkbox"/> Photocopy of Drivers License | <input type="checkbox"/> Instructor Credentials (DPS, NRA, USCCA, Etc.) | <input type="checkbox"/> Attendance Requirements |
| <input type="checkbox"/> Birth Certificate (Not Required with Real ID) | - Credentials must have been issued with three years | <input type="checkbox"/> Policies for passing and failing |

All Online courses must meet or exceed the New Mexico DPS Concealed Carry Online Standards. A copy of the standards can be found at WWW.DPS.NM.GOV

<input type="checkbox"/> New Instructor Application <input type="checkbox"/> Renewal Instructor Application (Expiration Date) _____ <input type="checkbox"/> Curriculum Change							
Type of course: In-person only <input type="checkbox"/> Online & In-person <input type="checkbox"/>		Type of curriculum: State provided curriculum <input type="checkbox"/> Personal curriculum to be approved <input type="checkbox"/>		Instructor Credential Type and Expiration: Law Enforcement <input type="checkbox"/> USCCA <input type="checkbox"/> NRA <input type="checkbox"/> Other <input type="checkbox"/> Issue Date _____ Expiration Date _____			
Last Name:		First Name:		Middle Name:		County of Residency:	
Social Security Number:		Fingerprint TCN: (All Applicants)		Driver's License or I.D Number:		DL Issue Date:	
Date of Birth: (mm-dd-yyyy)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Height:	Weight:	Eye Color:	Hair Color:	Race:
City of Birth:		State of Birth:		Country of Birth other than USA:			
Mailing Address:				City:		State:	Zip Code:
Physical Address (if different than above):				City:		State:	Zip Code:
How long have you lived at the above address?		Home Phone Number:		Phone number to be posted on DPS website:			
Years Months							
Email Address to be posted on DPS website:							
Approved Instructors must complete a training course Biennially. They must also submit credentials, insurance, and curriculum annually.							
Date of last Biennial training course: _____ Date of last annual submission: _____							
FOR OFFICE USE ONLY: Do not accept any fees with this application.							
The Department of Public Safety acknowledges that this application was received on _____ and received by:							
_____ Signature of employee accepting application				_____ Printed name of employee accepting application			

ALL APPLICANTS PLEASE READ QUESTIONS THOROUGHLY AND ANSWER QUESTIONS BY CHECKING “YES” or “NO”.

	YES	NO
1. Are you a citizen of the United States OR permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a resident of New Mexico OR a member of the armed forces whose permanent duty station is located in New Mexico?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you 21 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you satisfactorily completed an approved firearm instructor training program?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been convicted of a felony in New Mexico or any other state or pursuant to the laws of the United States or any other state or pursuant to the laws of the United States or any other jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently under indictment for a felony criminal offense in New Mexico or any other state or pursuant to the laws of the United States or any other jurisdiction?	<input type="checkbox"/>	<input checked="" type="radio"/>
7. Are you otherwise prohibited by federal law or the law of any other jurisdiction from purchasing or possessing firearm?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been adjudicated incompetent or committed to a mental institution?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you an unlawful user of, or addicted to, any controlled substances and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you received a conditional discharge, a diversion or a deferment, or been convicted of, pled guilty to, or entered a plea of nolo contendere to a misdemeanor offense involving a crime of violence within the last 10 years?	<input checked="" type="radio"/>	<input type="radio"/>
11. Have you, within five years immediately preceding this application, been convicted of a misdemeanor offense involving driving while under the influence of intoxicating liquor or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you been convicted of a misdemeanor offense involving the possession or abuse of a controlled substance within the last 10 years immediately preceding this application?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you been convicted of a misdemeanor offense involving assault, battery, or battery against a household member?	<input type="checkbox"/>	<input type="checkbox"/>
14. Since the age of 18, have you been arrested for a disqualifying charge? (Include final disposition documents with application.)	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you a fugitive from justice?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you an alien who is residing in the United States illegally or a former citizen of the United States who has renounced citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you meet ALL training instructor criteria required under NMAC 10.8.2.22? (If yes, include all proper documentation).	<input type="checkbox"/>	<input type="checkbox"/>

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.

I HEREBY STATE UNDER PENALTY OF LAW THAT:

1. I have read the New Mexico Concealed Handgun Carry Act of 2003 and qualify to apply for an instructor permit.
2. The information in this application and any documents submitted in this application is true, correct, and complete to the best of my knowledge and belief; and
3. I understand a license eligibility investigation will be conducted as a part of the application process; this may involve, but is not limited to, computerized record searches/ criminal history searches and I authorize the investigation.

Signature of Applicant

Printed Name

Date

This document only needs to be filled out by instructors who are submitting online curriculum for approval.

Additional information may be included on separate pages if necessary.

1. What platform will you be using to provide the online portion of your course (Brightspace, Blackboard, Etc.)?

2. Does the platform have the ability to track how much time the student spends participating in online training?

3. Does the platform have the ability to log off inactive students?

4. How do you plan on verifying the identity of the student participating in the course?

5. What methods are used to ensure videos are watched in their entirety?

6. Does the platform have any type of group discussion or student forum? If not, how are student questions being answered or addressed?

7. How many hours is the online portion of the course vs. the in-person portion?

8. Does your course meet the standards set by the Concealed Carry Handgun Act?

9. What instructional delivery methods does the online course utilize to accommodate individual learning styles?

10. What type of knowledge checks will you be utilizing in the course?

11. What methods are used in the online training course to ensure active participation by the student?

12. How is the department given access to the online course for review and audits?

**NEW MEXICO DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION TO OBTAIN HEALTH INFORMATION**

This authorization allows the New Mexico Department of Public Safety (DPS) to obtain confidential health information about you. The authorization may be revoked by you. It will remain in effect indefinitely solely for purposes of obtaining information regarding your Concealed Handgun Carry Act application or permit. You are entitled to a copy of the completed authorization. There may be fees charged for any copying associated with this request. If you are a person with a disability and you require this authorization in an alternative format or require a special accommodation to complete this form, you may request assistance from staff at any DPS location.

Applicant Name Printed (First, Middle, Last)

1. I authorize the Department of Public Safety to obtain health information as described below.
2. I understand that any information disclosed by any provider of any kind may include information about behavioral or mental health services, and treatment for alcohol or dmg/substance abuse and information obtained by the New Mexico Department of Public Safety from any other provider specifically related to the statutory purposes set out in the Concealed Handgun Carry Act at Section 29-19-1 to 29-19-13, NMSA 1978.
3. This authorization applies to any health information from any provider or any source relating to the stated purposes.
4. The health information will specifically be related to (a) adjudication of mental incompetence or any commitment to a mental institution; (b) any addiction to alcohol or controlled substances.
5. This health information shall be utilized in order to assess compliance with the purposes of the Concealed Handgun Carry Act.

STATEMENT OF UNDERSTANDING:

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to the New Mexico Department of Public Safety. I understand that the revocation will not apply to information that has already been obtained pursuant to this authorization. I understand that unless I revoke this authorization as stated above, this authorization will continue in full force and effect. I understand that authorizing the disclosure of this health information is voluntary. I further understand that revoking this authorization may have consequences regarding my application for a concealed handgun carry permit, or my ability to continue carrying a concealed handgun if I have already been issued a concealed handgun carry permit.

Signature of Applicant

Date

Signature of Witness

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628

I _____
NAME (MUST BE PRINTED-LEGIBLY) SSN # DOB

PURSUANT TO NMSA 1978, SECTION 29-10-6(A) (Repl. Pamp. 1990), OF THE NEW MEXICO ARREST RECORD INFORMATION ACT, HEREBY APPOINT:

Department of Public Safety - Concealed Carry Unit 6301 Indian School Rd Suite 310, Albuquerque, NM 87110
NAME (MUST BE PRINTED) (IF NO AGENT, PRINT "SELF") ADDRESS

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

DPS USE ONLY

DPS USE ONLY

DPS USE ONLY

APPLICANT SIGNATURE:

DATE

SIGNED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____ 20_____.

STATE OF _____ COUNTY OF _____.

(SEAL)

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES