



**TENNESSEE DEPARTMENT OF SAFETY
AND HOMELAND SECURITY
HANDGUN UNIT**

State Certified Handgun Instructor Application

Instructor #:			
	<input type="checkbox"/> NEW		
	<input type="checkbox"/> RENEWAL		

Name of Applicant: _____

Mailing Address (no PO Box): _____

Street Address

City

State

Zip

Telephone # _____

Primary #

Alternate #

Race _____ Sex _____ Date of Birth _____ Driver's License # _____ Social Security # _____

Have you ever been convicted of a felony or any drug or alcohol related offense in the past ten (10) years?

YES NO

If yes, please provide details: _____

Handgun Instructor Certification (check one):

- National Rifle Association (provide NRA #) _____
- P.O.S.T. (Law Enforcement) _____
- Federal Bureau of Investigation _____
- Other (provide details) _____

Declaration:

I the undersigned, certify the above information to be true and accurate. I have read the Tennessee Department of Safety and Homeland Security Rules Chapter 1340-2-3, State Certified Handgun Training Program, and agree to conduct the Handgun Training Course in accordance with the rules and regulations therein. I understand that my failure to comply with the rules and regulations may result in the suspension, revocation or denial of my certification.

Signature

Date

Check List: I have attached the following required documents to my application **(all forms must be submitted for new and renewals)**:

- Supporting documents of accepted Handgun Instructor training (NRS, P.O.S.T., F.B.I., etc....)
- Check or Money Order in the amount of \$25.00

Mail all correspondence to:

**TDOSHS Handgun Unit
P.O. Box 23710
Nashville, TN 37202**