

PITKIN COUNTY SHERIFF'S OFFICE

VERIFIED CHP FIREARMS INSTRUCTOR APPLICATION

WARNING: The information you provide will be verified. Providing false information on this application constitutes a criminal offense for which you may be prosecuted. Print or type all information except signatures.

Type of Verification: <input type="checkbox"/> – New <input type="checkbox"/> – Renewal PCSO VI #: _____ Expiration: _____	Colorado CHP Permit Number:	Colorado CHP Permit Expiration:	Colorado CHP County of Issue:
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 Phone Number:	
Business Address of Firearms Training:	City / State / Zip:	Business Name:	
Organization Certifying you as a Firearm Instructor:	Certification Number:	Certification Expiration (if applicable):	

**Voluntary. This information will help us contact you if necessary to complete the application process.*

CURRICULUM CHECKLIST

What types of Concealed Handgun Training classes will you be teaching: – New Classes – Refresher Classes

Please initial each criterion pertaining to your application submission.

_____ I certify that my Concealed Handgun Training class and/or Refresher class will be held in person with the students, with no portion completed online.

_____ I certify that my Concealed Handgun Training class will be a minimum of 8 hours long. The 8 hours of instruction do not need to be consecutive.

_____ I certify that my Concealed Handgun Refresher class will be a minimum of 2 hours long.

_____ I certify that my training certificate of completion will include my printed name, original signature, the date of completion, your Pitkin County Verified CHP Firearms Instructor ID, and will clearly indicate the student completed a Concealed Handgun Training class or a Refresher class.

_____ I certify that my Concealed Handgun Training class and/or Refresher class will meet the requirements of the Federal Americans with Disabilities Act of 1990.

_____ I certify that my Concealed Handgun Training class (NEW) will cover the following topics, as required per C.R.S. 18-12-202.5 (3):

- Knowledge and safe handling of firearms and ammunition
- Safe storage of firearms and child safety
- Safe firearms shooting fundamentals
- Federal and state laws pertaining to the lawful purchase, ownership, transportation, use, and possession of firearms
- Extreme Risk Protection Orders described in Article 14.5 of Title 13
- Requirements for reporting lost or stolen firearms as described in C.R.S. 18-12-113
- Requirements for secure firearms storage as described in C.R.S. 18-12-114
- State laws pertaining to the use of deadly force for self-defense
- Instruction on any other state law enacted within 5 years before the class that pertains to the purchase, ownership, transportation, use, and possession of firearms
- Best practices to ensure concealed handgun permit holders safely interact with law enforcement personnel who are responding to an emergency
- Instruction regarding techniques for avoiding a criminal attack and how to manage a violent confrontation, including conflict resolution and judgmental use of lethal force
- Require students to complete a live-fire exercise on a range, discharging at least 50 rounds with a minimum 70% accuracy score. This does not need to be conducted in a single day
- Require students to complete a written Concealed Handgun Competency exam that tests a student's knowledge of the subjects described in C.R.S 18-12-202.5 (3)(a) to (3)(f), with a minimum score of 80%. This exam must be an open book exam.

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_____ I certify that my Concealed Handgun **Refresher** class will cover the following topics, as required per C.R.S. 18-12-202.5 (4):

- Instruction on changes to federal and state laws related to firearms enacted within 5 years before the refresher class
- Require students to complete a live-fire exercise on a range, discharging at least 50 rounds with a minimum 70% accuracy score
- Require students to complete a written Concealed Handgun Competency exam that tests a student's knowledge of the subjects described in C.R.S 18-12-202.5 (3)(a) to (3)(f), with a minimum score of 80%. This exam must be an open-book exam.

SUBMISSION CHECKLIST

Applications must be submitted with all required documentation, including legible copies of documents. Incomplete applications will not be accepted.

Please submit **copies** of the following documents along with your application:

- Colorado Driver's License or ID
- A valid Colorado Concealed Handgun Permit
- Proof that you are a certified firearms instructor, such as an NRA instructor certificate or Colorado POST instructor certificate
- A syllabus of what will be taught in your Concealed Handgun Training classes
- No fee required; the Sheriff has chosen to waive an administrative processing fee for this process

If your principal place of business changes location, please notify us within 30 days of your new business address. Additionally, we understand that some firearms instructor certifications do expire. It will be your responsibility to let the Pitkin County Sheriff's Office know when you have renewed your firearms instructor certification. Failure to do so will result in the suspension of your Verified CHP Firearms Instructor status through the Pitkin County Sheriff's Office and your name removed from our public list of Verified Instructors. There is no grace period for expired instructor certifications.

Pitkin County Verified CHP Firearms Instructor certificates and ID cards are issued upon review and by authority of the Sheriff.

NOTICE OF DISCLAIMER AND PERSONAL INQUIRY WAIVER

NOTE TO RECIPIENT: A PHOTOCOPY REPRODUCTION OF THIS SIGNED REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL. YOU MAY RETAIN THIS FORM IN YOUR FILES.

I agree to release and hold harmless the issuing County Sheriff's Office, its agencies, elected officials, officers, agents, and employees from any and all liability or claims resulting from issuance of this permit and verification. The issuing County Sheriff's Office, its agencies, elected officials, officers, agents, and employees are not liable for any damages that may result from issuance or denial of this permit and verification.

I fully understand that the issuing County Sheriff's Office conducts a background investigation of all applicants who are being considered for a concealed handgun permit. This investigation includes, but is not limited to, an investigation of military, police, driving records, and character.

I hereby authorize any person who is contacted by the issuing County Sheriff's Office personnel to release any information to the issuing County Sheriff's Office pertaining to the background investigation including, but not limited to, military, police, driving records and character for use by the issuing County Sheriff's Office in the consideration of my application.

I further agree to release and hold harmless the issuing County Sheriff's Office, its agencies, elected officials, officers, agents, and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the issuing County Sheriff's Office in the consideration of my application.

This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claims or liability set forth herein shall survive the termination of the agreement.

The applicant swears under oath that the contents of the application and the information contained in the verified firearms instructor application is true and correct.

Applicant's Signature: _____

Date: _____