

REQUEST FOR APPROVAL TO INSTRUCT FIREARMS SAFETY COURSES

I affirm that I am a qualified firearms safety instructor, as defined in 571.111, RSMo, in that:

[place an "X" in the appropriate box or boxes]

- I am certified by the National Rifle Association as a firearms safety instructor and hold a rating as a personal protection instructor or pistol marksmanship instructor; (attach photocopy of certificate), *or*
- I have submitted a photocopy of a certificate from a firearms safety instructor's course offered by a local, state, or federal governmental agency; (attach photocopy of certificate), *or*
- I have submitted a photocopy of a certificate from a firearms safety instructor course approved by the Department of Public Safety; (attach photocopy of certificate), *or*
- I have successfully completed a firearms safety instructor course given by or under the supervision of a state, county, municipal, or federal law enforcement agency; (attach photocopy of certificate), *or*
- I am a certified police officer firearms safety instructor. (attach photocopy of certificate)

• I request that **Richard L. Anderson, Sheriff of Platte County**, accept my qualifications as a firearms safety instructor and approve me to instruct firearms safety training courses for individuals who reside in Platte County.

The attached certificate(s) is a photocopy of the original issued to me that demonstrates my qualifications as a firearms safety instructor. Also attached is a photocopy of my original driver license or nondriver license as proof of my identity.

• Under the penalties of false declarations pursuant to section 575.060, RSMo., I swear that the information contained in this application and certificate of qualification for concealed carry endorsement is true and accurate to the best of my knowledge.

_____ X _____ / /
(Printed Full Name of Instructor) (Signature of Instructor) (Date Signed)

_____ (_____) _____
(Instructors Home address) (Phone Number, Home)

_____ (_____) _____
(Name of Company or Business Providing Instruction & address) (Phone Number, Business)

The applicant's signature must either be witnessed by a Sheriff's Department employee or be witnessed by a Notary Public.

_____ X _____ / /
(Printed Full Name of Witness) (Signature of Witness) (Date Signed)

NOTARY:

Approved By: _____ Approval Date: _____