**Larimer County Sheriff’s Office Verified Instructor Application / Renewal Form**

Email form and attachments to Sheriff-CHP@co.larimer.co.us or mail to: 2501 Midpoint Dr., Fort Collins CO 80525 Attn: CHP

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| Are you currently a verified instructor with the Larimer County Sheriff’s Office?  No  Yes Expiration date: | | | | | Type of verification requested, and associated fee:  New = **$100.00**  Renewal = **$50.00** | | | | |
| Address of the principal place where you conduct firearms training (Location must be in Larimer County): | | | | | **Application must be submitted by email, mail, or in person. Payment must be made by cash, check, or credit card before the application is processed.** | | | | |
| 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 Name for Firearms Training: | | | | | | Business Email (if different from above): | | | |
| Business Website (if any): | | | |
| Business Address of Firearms Training: City / State / Zip: | | | | | | | | | Business Phone Number: |
| Type of classes you offer (check all that apply):  Concealed Handgun Training Class (Initial or first-time)  Refresher class  BOTH | | | | | | | | | |
| Name and Address of Organization Certifying You as a Firearm Instructor: | | Type of Organization Certifying You as Instructor:  Federal, State, County, or Municipal Law Enforcement Agency  College or university  Nationally recognized organization that offers firearms training  Firearms Training School | | | | | | | Certification Number: |
| Certificate Expiration Date: |
| Colorado CHP Permit No.: | | Colorado CHP Permit Expiration: | | | | | | Colorado CHP County of Issue: | |
| **Attach a copy of all documents listed below (Documents of poor quality may be rejected):**  Concealed Handgun Permit  Driver’s License  Copy of your Firearms Instructor Training Certificate(s)  Instructor Certification of Compliance with  Copy of Course Curriculum  Statutory Instruction Requirements | | | | | | | | | |
| **ACKNOWLEDGMENT AND RELEASE OF INFORMATION**   * I acknowledge that I have read, understand, and am abiding by all requirements of HB24-1174. * I understand that C.R.S. § 18-12-202.7(3)(c) requires the Sheriff to maintain a record of my name as a verified instructor and to post my name and the expiration of my instructor’s verification on the Sheriff’s website. I consent to this information being released to the public and posted on the Larimer County Sheriff’s Office website. * I affirm that the information on this Application is true, correct, and complete, and I acknowledge and understand that the information I have provided on this Application will be verified by the Sheriff’s Office.   **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Below section for CHP staff only – DO NOT WRITE BELOW THIS LINE** | | | | | | | | | |
|  | **Initials:** | | **Date:** | **Notes:** | | | | | |
| All documents received |  | |  |  | | | | | |
| Information Verified |  | |  |  | | | | | |
| STATUS \*If not approved, the sheriff’s office shall notify the person in writing. |  | |  | **Circle one: Approved Denied Revoked Suspended** | | | | | |
| **Payment received** |  | |  | **Amount: Payment type:** | | | | | |
| Updated on website |  | |  |  | | | | | |
| Updated Instructor list |  | |  |  | | | | | |
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Revised 08/15/2024