



TENNESSEE DEPARTMENT OF SAFETY

STATE CERTIFIED HANDGUN INSTRUCTOR APPLICATION

(Print or type and return with application fee to)

TENNESSEE DEPARTMENT OF SAFETY
HANDGUN PERMIT OFFICE
1150 FOSTER AVE.
NASHVILLE, TN 37243-1000

RENEWAL APPLICATION ID #
_____/_____/____
EXP:_____/_____/____

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE NUMBERS: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____ SOCIAL SECURITY# _____

HAVE YOU BEEN CONVICTED OF A FELONY OR ANY DRUG OR ALCOHOL RELATED OFFENSE IN THE PAST 10 YEARS? _____

HANDGUN INSTRUCTORS TRAINING RECEIVED? (include name of school(s), location(s), and date(s). Attach copy(s) of certificate(s) and /or diploma(s):

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

Signature Date

DEPARTMENT USE ONLY

Rec'd. ___/___/___ App. ___/___/___ Ret. Add. Info ___/___/___ Exp. ___/___/___ Denied ___/___/___

Notes: _____

Program Director