LINCOLN COUNTY SHERIFF'S OFFICE

INSTRUCTOR CERTIFICATION OF COMPLIANCE WITH STATUTORY INSTRUCTION REQUIREMENTS

I, _____ (Printed Name of Instructor), hereby certify that the concealed handgun training class that I instruct complies with all requirements of C.R.S. § 18-12-202.5, including, specifically, the following:

SECTION 1: Requirements for Initial and Refresher Concealed Handgun Training Classes (if you instruct any type of training class – *i.e.*, a standard class for first-timers *or* a refresher class – you must initial each requirement in this section):

_____ 1. The class is held in person with the instructor at the same location as the students and no part of the class is conducted via the internet;

_____ 2. The class includes a live-fire shooting exercise that is conducted on a range, and that requires discharging at least fifty (50) rounds of ammunition and the student to achieve a minimum seventy percent (70%) accuracy score.

_____ 3. The class includes a written concealed handgun competency exam, which must be administered as an open book exam, on the topics listed in **Paragraph 2 of Section 2 below** and requires that a student achieve a passing score of at least eighty percent (80%) on such exam.

_____ 4. The class complies with the federal Americans with Disabilities Act of 1990, 42 U.S.C. § 12101 *et seq.*

_____ 5. The instructor provides any student completing the class a training certificate that includes the student's printed name and the instructor's original signature and clearly indicates the type of class the student completed.

SECTION 2: REQUIREMENTS FOR INITIAL CONCEALED HANDGUN TRAINING CLASSES: (If you teach standard Concealed Handgun Training Classes, you must initial each requirement in this Section):

_____ 1. The class provides a minimum of eight (8) hours of instruction;

_____ 2. The class includes instruction on each of the following elements:

- _____ 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, including instruction on extreme risk protection orders described in article 14.5 of title 13 of the Colorado Revised Statutes, requirements for reporting lost or stolen firearms described in C.R.S. § 18-12-113, secure firearms storage requirements described in C.R.S. § 18-12-114, and any other state law enacted within five (5) years before the class that pertains to the purchase, ownership, transportation, use, and possession of firearms;
- _____ State law pertaining to the use of deadly force for self-defense;
- _____ Best practices to ensure concealed handgun permit holders safely interact with law enforcement personnel who are responding to an emergency; and
- _____ Techniques for avoiding a criminal attack and how to manage a violent confrontation, including conflict resolution and judgmental use of lethal force.

SECTION 3: REQUIREMENTS FOR REFRESHER CONCEALED HANDGUN TRAINING CLASSES: (If you teach refresher Concealed Handgun Training Classes, you must initial each requirement in this Section):

_____ 1. The class provides a minimum of two (2) hours of instruction.

_____ 2. The class requires the students to demonstrate safety and competence with a handgun.

_____ 3. The class includes instruction on changes to federal and state laws related to firearms within five years before the refresher class.

SECTION 4: ACKNOWLEDGEMENT OF INSTRUCTOR

I understand that if the training class I instruct does not comply with the above-listed requirements my verification may be suspended or revoked. I affirm that I will keep and maintain course materials or other records sufficient to demonstrate that the class(es) I instruct complies with the foregoing requirements for ten years. I agree to provide copies of any of those course materials or other records to the Sheriff of Lincoln County, or designee, upon request, and I understand that the failure to do so may result in suspension or revocation of my instructor verification.

Signature: _____ Date: _____

Lincoln County Sheriff's Office
Verified Instructor Application / Renewal Form

Email form and attachments to drostron@lincolnsheriff.net or Mail to: LCSO CHP, PO Box 10, Hugo CO, 80821

Are you currently a verified instructor with Lincoln County Sheriff's Office? ■ No ☐ Yes Expiration date:	Type of verification requested: ☐ New ☐ Renewal
Address of the principal place where you conduct firearms training (Location must be in Lincoln County):	**Sheriff Tom Nestor has decided to waive the fees for verification at this time. This is subject to change.**

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 ☐ Instructor Certification of Compliance with Statutory Instruction Requirement

☐ Driver's License ☐ Copy of your Firearms Instructor Training Certificate(s)

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 Lincoln County Sheriff's Office's 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			
STATUS *If not approved, the sheriff's office shall notify the person in writing.			**Circle one: Approved Denied Revoked Suspended**

Revised 8/2024