# Pueblo County Sheriff's Office
# Verified Instructor Application / Renewal Form

Email form and attachments to chpsheriff@pueblocounty.us or Mail to: 909 Court St., Pueblo, CO 81003 ATTN: CHP

| | |
|---|---|
| Are you currently a verified instructor with Pueblo County Sheriff's Office<br>☐ No ☐ Yes Expiration date: | Type of verification requested, and associated fee:<br>☐ New ☐ Renewal |
| Address of the principal place where you conduct firearms training (Location must be in Pueblo County): | **Sheriff David J. Lucero 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):<br>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:<br>☐ Federal, State, County, or Municipal Law Enforcement Agency<br>☐ College or university<br>☐ Nationally recognized organization that offers firearms training<br>☐ Firearms Training School | Certification Number:<br>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
☐ Instructor Certification of Compliance with Statutory Instruction Requirements
☐ 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 Pueblo County Sheriff'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 | | | |
| Information Verified | | | |
| STATUS *If not approved, the sheriff's office shall notify the person in writing. | | | **Circle one: Approved Denied Revoked Suspended** |
| Updated LOG | | | |
| Updated on website | | | |

Revised 7/02/2024