

Rio Grande County Sheriff's Office Verified Instructor Application / Renewal Form

Email form and attachments to rg1274@riograndecounty.org or mail to: 640 Cherry St, Del Norte Co 81132 Attn: CHP

Are you currently a verified instructor with the Rio Grande County Sheriff's Office? <input type="checkbox"/> No <input type="checkbox"/> Yes Expiration date: _____		Type of verification requested, and associated fee: <input type="checkbox"/> New = \$100.00 <input type="checkbox"/> Renewal = \$50.00	
Address of the principal place where you conduct firearms training (Location must be in Rio Grande 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 Address for Classroom portion of Firearms Training: City / State / Zip:		Business Website (if any):	
Live Fire Training location:		City / State / Zip:	Business Phone Number:
Type of classes you offer (check all that apply): <input type="checkbox"/> Concealed Handgun Training Class (Initial or first-time) <input type="checkbox"/> Refresher class <input type="checkbox"/> or BOTH			
Name and Address of Organization Certifying You as a Firearm Instructor:	Type of Organization Certifying You as Instructor: <input type="checkbox"/> Federal, State, County, or Municipal Law Enforcement Agency <input type="checkbox"/> College or university <input type="checkbox"/> Nationally recognized organization that offers firearms training <input type="checkbox"/> 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 <u>all</u> documents listed below (Documents of poor quality may be rejected):			
<input type="checkbox"/> Concealed Handgun Permit <input type="checkbox"/> Driver's License <input type="checkbox"/> Instructor Certification of Compliance with Statutory Instruction Requirements			
<input type="checkbox"/> Copy of your Firearms Instructor Training Certificate(s) <input type="checkbox"/> Copy of Course Curriculum			
ACKNOWLEDGMENT AND RELEASE OF INFORMATION			
<ul style="list-style-type: none"> 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 Rio Grande 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			