

# Boulder County Verified Instructor Application / Renewal Form

Email form and attachments to [SheriffCHP@bouldercounty.gov](mailto:SheriffCHP@bouldercounty.gov)  
 or Mail to: Concealed Handgun Permits, 5600 Flatiron Pkwy., Boulder, CO 80301

Are you currently a verified instructor with Boulder 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 = <b>\$100.00</b> <input type="checkbox"/> Renewal = <b>\$50.00</b>	
Address of the principal place where you conduct firearms training (Location must be in Boulder County):		Application Fee must be paid <b>BEFORE</b> application will be processed. Please submit payment online via <a href="https://secure.colorado.gov/payment/bouldercountysheriff">https://secure.colorado.gov/payment/bouldercountysheriff</a> or by check or money order made payable to the Boulder County Sheriff's Office, 5600 Flatiron Pkwy, Boulder CO 80301	
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): <input type="checkbox"/> Concealed Handgun Training Class (Initial or first-time) <input type="checkbox"/> Refresher class <input type="checkbox"/> 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 all documents listed below (Documents of poor quality may be rejected):

<input type="checkbox"/> Concealed Handgun Permit	<input type="checkbox"/> Receipt for Payment of Application Fee
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Copy of your Firearms Instructor Training Certificate(s)
<input type="checkbox"/> Instructor Certification of Compliance with 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 Boulder 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 Boulder County 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 <span style="color: red;">*If not approved, the sheriff's office shall notify the person in writing.</span>			Circle one: <b>Approved</b> <b>Denied</b> <b>Revoked</b> <b>Suspended</b>
Updated LOG			
Updated on website			
Updated CHP list			
Scanned into EDMS			