



# Concealed Carry Firearms Training Instructor Application

Metropolitan Police Department · Security Officers Management Branch  
2000 14<sup>th</sup> Street, NW · Washington, DC 20009 · 202-671-0500

## Applicant Information

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*Last Name* *First Name* *Middle Initial*

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*Home Street Address* *City* *State* *ZIP Code*

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*Name of Business/Occupation*

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*Business/Occupation Street Address* *City* *State* *ZIP Code*

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*Home Phone Number* *Work Phone Number* *Email Address*

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*Date of Birth (mm/dd/yyyy)* *Place of Birth* *Business Website (Optional)*

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*Driver's License State & ID Number*

Please provide the name and location of the firing range you will be using to provide training to concealed carry license applicants.

*Name of firing range:* \_\_\_\_\_

*Address of firing range:* \_\_\_\_\_

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## Statement of Eligibility

Please answer each of the following questions by marking the appropriate box.

1.  Yes  No Have you ever been convicted of a crime of violence, weapons offense, any other violation of the Firearms Control Regulation Act of 1975, or a felony in any jurisdiction (including any crime punishable by imprisonment for a term exceeding one year)?
2.  Yes  No Are you under indictment for a crime of violence or a weapons offense?
3.  Yes  No Have you been convicted within the past five years for a narcotics or dangerous drug offense, a threat to do bodily harm, or for assault?
4.  Yes  No Have you been acquitted of any criminal charge by reason of insanity or adjudicated a chronic alcoholic by any court within the past five years?

5.  Yes  No Have you been voluntarily or involuntarily committed to any mental hospital or institution within the past five years?
6.  Yes  No Do you suffer from any physical defect that would make it unsafe for you to possess and use a firearm safely and responsibly?
7.  Yes  No Have you been found negligent in any firearm related mishap causing death or injury to another person?
8.  Yes  No Have you provided accurate and true facts on this application?
9.  Yes  No Have you ever been dishonorably discharged from the U.S. Armed Forces?
10.  Yes  No Were you a citizen of the United States who has renounced his or her citizenship?
11.  Yes  No Are you legally blind?<sup>1</sup>
12.  Yes  No Have you been convicted of two or more violations for driving under the influence within the past five years?
13.  Yes  No Have you been the subject of a civil protection order within the past five years?
14.  Yes  No Have you been convicted of a misdemeanor intrafamily offense?

### Currently Licensed by MPD as Firearms Instructor

Were you licensed by MPD as a Firearms Instructor as of October 9, 2014?  Yes  No

If you answered yes to the question above, you do not have to pay any fees to be certified as a Concealed Carry Firearms Training Instructor until you renew your current firearms instructor license in March of 2015.

### Training Background

Have you received formal training in the care, safety, and use of firearms? If yes, please attach proof of such training.  Yes  No

Do you have a minimum of one year of experience in instruction in the care, safety, and use of handguns? If yes, please attach proof of such training.  Yes  No

Have you included as part of this application a detailed syllabus describing the methods and materials you will use to conduct the firearms training for a concealed carry license?  Yes  No

Some applicants for a concealed carry license will already have received the relevant firearms training. For such applicants, are you willing to provide training only on District of Columbia laws on firearms and self-defense?  Yes  No

### Applicant Affirmation

I affirm under oath that I have provided accurate information on this document and I understand that making a false statement is punishable by criminal penalties under D.C. Official Code § 22-2405.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

<sup>1</sup> Legally blind means your vision is not impaired more than 20/200 visual acuity in the better eye, or your vision cannot be improved to be better than 20/200, or you do not have a loss of vision due wholly or in part to impairment of field vision or to other factors which affect the usefulness of vision to a like degree. Note: If the Firearms Registration Section determines there are reasonable grounds to believe that the certification provided is not accurate, you may be required to obtain a certification from a licensed optometrist that you meet the vision requirements as stated above.