

# S & H Instruction LLC

## NM Concealed Carry Class Registration

2-Day Class       2-Year Refresher       4-Year Renewal

Concealed carry license expiration (if refresher or renewal): \_\_\_\_\_

Class Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

US Citizen Y/N: \_\_\_\_\_ NM Resident Y/N: \_\_\_\_\_

Handgun(s) I intend to qualify with during the class: \_\_\_\_\_

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Briefly explain your handgun experience and any other firearms training you have received:

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How did you hear about us: \_\_\_\_\_

Please e-mail completed form to [hchowning@aol.com](mailto:hchowning@aol.com) or mail it to PO Box 1322, Corrales, NM 87048. Thank you.