

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): _____

Concealed carry license number (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: _____

Are you prohibited by any Federal, State or Local law from possessing or using firearms?

Yes No

Have you been convicted of a misdemeanor offense involving driving while under the influence of liquor (DUI) within the past 5 years?

Yes No

Have you been convicted of a misdemeanor offense involving the possession or abuse of a controlled substance within the past 10 years?

Yes

No

Have you received a conditional discharge, diversion or deferment, or been convicted of, pled guilty to or entered a no contest plea to a misdemeanor offense involving a crime of violence within the past 10 years?

Yes

No

Have you ever been convicted of a misdemeanor offense involving assault, battery or battery against a household member?

Yes

No

I understand that, in order to pass this class, I must attend the class in its entirety, I must demonstrate the willingness and ability to learn; demonstrate the ability to follow instructions and safety rules; and demonstrate the ability to safely handle my firearm(s). Furthermore, I understand I must obtain a minimum 72% on the range qualification. I further understand that if I do not pass this class, I will not be issued a refund.

I understand

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

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

How did you hear about us: _____

Please e-mail completed form to hchowning@aol.com or mail it to PO Box 1322, Corrales, NM 87048. Thank you.