

STATE OF IDAHO

Training Certificate of Completion

Note: All sections must be completed and signed. This certificate must accompany an application for the I.C. §18-3302K Idaho Enhanced License to Carry Concealed Weapons.

Applicant

Name	Date of Birth	Sex
Address	City, State Zip	

I certify under penalty of perjury pursuant to the law of the State of Idaho that the forgoing is true and correct.

SIGNATURE OF APPLICANT _____ DATE _____

Firearms Instruction

Course Completed	
Course Date(s)	Course Location(s)

Instructor Credential(s)

Instructor Name	
<input type="checkbox"/> NRA Certified Instructor	Number
<input type="checkbox"/> Idaho POST Firearms Instructor	Agency
<input type="checkbox"/> Other personal protection credential	

The applicant named above successfully completed a qualifying handgun course meeting the requirements of Idaho Code § 18-3302K(4)(b)(i)-(iv).

I certify under penalty of perjury pursuant to the law of the State of Idaho that the forgoing is true and correct.

INSTRUCTOR SIGNATURE _____ DATE _____

LEGAL INSTRUCTION

Course Date:	Course Location:
Instructor Credential(s)	

Instructor Name	
<input type="checkbox"/> Idaho State Bar (Active)	License Number
<input type="checkbox"/> Idaho law enforcement officer with a POST Intermediate or higher training certificate	Agency

I certify under penalty of perjury that the applicant named below successfully completed instruction in Idaho law relating to firearms and the use of deadly force.

I certify under penalty of perjury pursuant to the law of the State of Idaho that the forgoing is true and correct.

INSTRUCTOR SIGNATURE _____ DATE _____