CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Firearm Safety Certificate Program
DOJ Certified Instructor Application

☐ Initial Application

☐ Renewal Application _____
DOJ Certified Instructor Number

A. Applicant Information

Last Name:	First Name:	Middle Name:

Mailing Address:	City:	State:	Zip Code:
Business Address (if different):	City:	State:	Zip Code:

Date of Birth (mm/dd/yyyy):	CA Driver License or Identification Card Number:	Sex:	Phone No. (include area code):

Email Address: _____

Pursuant to Penal Code section 31635, subdivision (b), Instructor Certification from the Department requires training and certification from one of the following (select one training entity and attach a copy of the certification-initial applicants only):

☐ Department of Consumer Affairs, State of California - Firearm Training Instructor.
☐ Director of Civilian Marksmanship, Instructor or Rangemaster.
☐ Federal Government, Certified Rangemaster or Firearm Instructor.
☐ Federal Law Enforcement Training Center, Firearm Instructor Training Program or Rangemaster.
☐ United States Military, Occupational Specialty (MOS) as marksmanship or firearms instructor.
☐ National Rifle Association-Certified Instructor, Law Enforcement, Rangemaster, or Training Counselor.
☐ Commission on Peace Officer Standards and Training, State of California- Firearm Instructor or Rangemaster.
☐ Authorization from a State of California accredited school to teach a firearms training course.
☐ Training deemed equivalent by the Department.

All applicants for Certified Instructor must have a valid Certificate of Eligibility (COE). An application for COE is accessible on the Attorney General's website at http://oag.ca.gov/firearms/forms.

COE Number: _____

B. Declaration

I understand that the Department of Justice (the Department) has no responsibility for insurance coverage for myself, my students, my classes, my courses, or my oversight of firearm safe handling demonstrations. I understand that my instructor certification will be valid for five years provided I maintain a current COE. I agree to comply with the Firearm Safety Certificate (FSC) Program guidelines, procedures, and legal requirements as specified in the applicable statutes and applicable regulations. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____
Signature Date

NOTE: Only DOJ Certified Instructors may administer FSC tests, issue FSCs, and oversee the firearm safe handling demonstration. (Pen. Code, §§ 26850, subd. (a) & (b), 26853, 26856, 26859, 26860, and 31645.)

If you have any questions regarding the FSC Program, please contact the Bureau of Firearms at (916) 227-3750.

Mail completed form and all required attachments to:
California Department of Justice
Bureau of Firearms - FSC
P.O. Box 160367
Sacramento, CA 95816-0367

DOJ USE ONLY

Received Date: _____ Processed By BOF: _____ Certified Instructor Number: _____

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The Bureau of Firearms in the Department of Justice collects the information requested on this form as authorized by Penal Code section 31635. The Bureau of Firearms uses this information to establish grounds for the issuance of the certificate indicated on this application. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. This form will not be processed for failure to provide all personal information requested.

Access to Your Information. You may review the records maintained by the Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to establish grounds for the issuance of the certificate indicated on this application, we may need to share the information you give us with any peace officer or other person designated by the Attorney General upon request.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Department of Justice, Bureau of Firearms at P.O. Box 160367, Sacramento, CA 95816-0367 or (916) 227-3750.