



**CALIFORNIA DEPARTMENT OF JUSTICE**  
**BUREAU OF FIREARMS**  
**Carry Concealed Weapon Program**  
**DOJ Certified Instructor Application**

- ☐ Initial Application  
☐ Renewal Application

\_\_\_\_\_  
CCW DOJ Certified Instructor Number

**A. Applicant Information**

Last Name:		Suffix:	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 ( <b>Copy and attach</b> ):			Sex:	Phone No. (include area code):	
Email Address: _____						

**Pursuant to Penal Code section 26165, subdivision (a)(4), and California Code of Regulations, title 11, section 4410, a Carry Concealed Weapon (CCW) Department of Justice (DOJ) Certified Instructor applicant must be certified by one of the following entities. Select one training entity below. Initial applicants must attach a copy of the certification.**

- ☐ Bureau of Security and Investigative Services, Department of Consumer Affairs, State of California - Firearm Training Instructor  
☐ 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

**All CCW DOJ Certified Instructor applicants must have a valid Certificate of Eligibility (COE). Applications for initial or renewal COEs are submitted via the California Firearms Application Reporting System (CFARS).**

COE Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**B. Shooting Qualification - To Be Completed by Administrator of Shooting Course**

**All CCW DOJ Certified Instructor applicants must pass a live-fire shooting course on a firing range. The shooting course must be administered by someone certified by one of the following entities. Select one training entity below, and attach a copy of your certification.**

- ☐ Bureau of Security and Investigative Services, Department of Consumer Affairs, State of California - Firearm Training Instructor  
☐ 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  
☐ 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

\_\_\_\_\_  
Administrator Full Name (Print)

\_\_\_\_\_  
Administrator Phone Number

\_\_\_\_\_  
Date of Shooting Course

*I declare under penalty of perjury under the laws of the State of California that this applicant successfully passed the live-fire shooting course required by California Code of Regulations, title 11, section 4410, subdivision (d).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**C. Declaration**

I understand that the DOJ has no responsibility for insurance coverage for myself, my students, my classes, my courses, or my oversight of the CCW license training course. I understand that my instructor certification will be valid for four years provided I maintain a current COE. I agree to comply with all legal requirements for the CCW license training course, as specified in the applicable statutes and regulations.

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Email the completed form and all required attachments to: [DOJCertifiedInstructor@doj.ca.gov](mailto:DOJCertifiedInstructor@doj.ca.gov)**

Alternatively, the materials may be mailed to: California Department of Justice, Bureau of Firearms, Customer Support Center - CCW DOJ Certified Instructor, P.O. Box 160367 Sacramento, CA 95816-0367

*If you have any questions regarding this application, please contact the Bureau of Firearms at (916) 210-2700.*

**DOJ USE ONLY**

Received Date: \_\_\_\_\_ Processed By BOF: \_\_\_\_\_ CCW DOJ Instructor No: \_\_\_\_\_

# Privacy Notice

As Required by Civil Code § 1798.17

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**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) 210-2700.