

# CONCEALED HANDGUN LICENSING BUREAU

## Certification of Class Completion

I do hereby certify that the below listed students have taken and completed a course to qualify them to carry a concealed handgun in accordance with the Texas Concealed Handgun Law.

\_\_\_\_\_  
Instructor's Signature/Certificate #

NOTE: If a student has failed, indicate the failures at the end of your list and write failed under the certificate number. If you only taught the classroom or the proficiency training, under the certificate number section put "classroom only" or "proficiency only". The instructor that finishes the training for the student will indicate the certificate number that was issued.

<u>STUDENT'S NAME</u>		<u>Driver License/Identification</u> <u>Card #</u>	<u>CERTIFICATE Number/</u> <u>(Fail)</u>	<u>SA or NSA</u>
1				
2				
3				
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Please print:

INSTRUCTOR NAME: \_\_\_\_\_

CERTIFICATE #: \_\_\_\_\_

TRAINING COMPLETION DATE: \_\_\_\_\_

Mail to:

REGULATORY LICENSING SERVICE MSC 0245  
TEXAS DEPARTMENT OF PUBLIC SAFETY  
PO BOX 4087  
AUSTIN TX 78773-0245