



CERTIFIED INSTRUCTOR APPLICATION Kansas Personal and Family Protection Act



Instructions for Application

Please complete this 6-page application fully by typing or printing in **blue or black ink** all requested information. You must attach the following items:

1. Non-refundable \$100.00 application fee. Money order or cashier’s check payable to the “Office of Attorney General.”
2. A photocopy of all certificates referenced in Section III. NRA or AACFI certified instructors must attach a copy of their current credential bearing the expiration date. Current service law enforcement officers (certified by KLETC) must attach a copy of their current agency credentials. Applicants relying on non-expiring firearms instructor certifications must attach a copy of those certificates.
3. A 2” x 2” passport-type color photograph of the applicant taken within the preceding 30 days with no sunglasses or hat. Photo must be a frontal view containing head and shoulders. Attach photo to page 2 of the application.

The completed application, fee, photo and other attachments must be mailed directly to the **Concealed Carry Unit, Office of Attorney General, 720 SW Jackson, Suite 204, Topeka, KS 66603**

NOTE: Answering “no” to questions 1 and 2, or answering “yes” to any of the questions numbered 3 through 14, in Section II of this application will likely result in a denial of your certification. Answer each question honestly and to the best of your knowledge. Should you answer “no” to question 1 or 2, or “yes” to any of the questions numbered 3 through 14, explain you answer fully on a separate sheet of paper and attach to your completed application.

NEW PROVISION, READ CAREFULLY BEFORE CONTINUING: Individuals with criminal histories which include expunged felony offenses **may** now be eligible for certification as concealed carry instructors. **Even if expunged, all criminal histories inquired about in Section II must be disclosed by individuals applying for instructor certification.**

If an instructor applicant’s criminal history includes a felony level **conviction or diversion**, in order to be eligible for licensure: (a) the felony **must** be expunged from the individual’s record; **and** (b) 5 years must have elapsed between the date the individual became **eligible for expungement** and the date the instructor application is submitted. If an applicant’s criminal history includes an expunged misdemeanor **conviction or diversion** for one or more of the offenses found under question 6 in Section II, the applicant must wait to apply until 5 years have elapsed since the date of **conviction or placement on diversion**. Applications which do not meet these criteria **prior to application** will be denied.

If approved, you will be issued a certificate bearing the Attorney General’s signature.

ALL FEES SUBMITTED ARE NONREFUNDABLE.

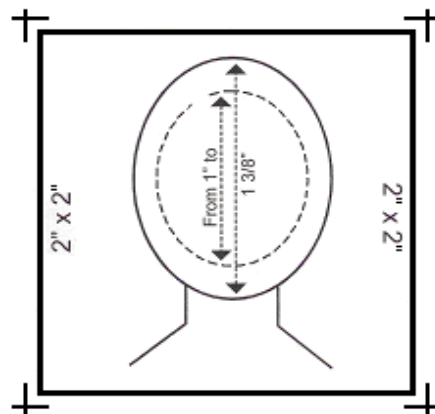
Signature _____

Date _____

Official Use – Attorney General

WARNING: This application is executed under oath. A false statement on this application, or submission of a false document, may subject the applicant to prosecution for the crime of perjury, K.S.A. 21-3805, and amendments thereto, a severity level nine (9) non-person felony, or other applicable criminal charges.

When completing this form **Print in Blue or Black Ink**



| Section I: Application | | | | |
|--|--|---------|----------------|-----------|
| NAME: Last | First: | Middle: | Jr., Sr., etc. | |
| Aliases/Maiden Name/Other names used: | Place of Birth: (City, State, Country) | | | |
| Current Address: | City: | State: | County: | Zip code: |
| Previous Address within last 5 years: From: _____, 20__ to _____, 20__ | City: | State: | County: | Zip code: |
| Date of Birth: | Occupation: | | | |
| KS Drivers License or Identification Card #: | Social Security Number:* | | | |
| Telephone number:** | Email:** | | | |
| <p>* Providing your SSN is voluntary in order to verify your identity and confirm your eligibility for a CCH license (75-7c05). Failure to provide it may delay processing of your application. Pursuant to KSA 39-758 and 74-139, and amendments thereto, your SSN may be disclosed to the Director of Taxation and/or the Kansas Department of Social and Rehabilitation Services (SRS) for child support enforcement purposes.</p> <p>** Providing your telephone and/or email address is optional as well.</p> | | | | |
| Signature: _____ | | | Date: _____ | |

| | | |
|---|------------|-----------|
| Section II: Qualifying Information: Place a check mark under the appropriate 'yes' or 'no' answer to the following questions numbered 1 through 14. Answer all applicable questions. | Yes | No |
|---|------------|-----------|

Answering 'no' to any question numbered 1 and 2 could result in denial of certification.

| | | |
|--|--|--|
| 1. Are you twenty-one (21) years of age or older at the time of application? | | |
| 2. Are you a citizen of the United States? | | |

Answering 'yes' to any question numbered 3 through 14 could result in denial of certification.

| | | |
|--|--|--|
| 3. Do you have any physical infirmities or disabilities which prevent you from safely handling a firearm? | | |
| 4. Even if expunged, have you ever been convicted or placed on diversion , in Kansas or any other jurisdiction, for an act that constitutes a felony in Kansas? "Felony" means a crime that is defined as a felony by law or is punishable by imprisonment in a state or federal correctional institution. If an applicant has had a felony conviction or diversion expunged, an applicant must wait 5 years from the date they were eligible to expunge that record before they can apply for a CCH. | | |
| 5. Have you ever been adjudicated as a juvenile offender, in Kansas or any other jurisdiction, for an act that would be a felony if committed by an adult?* | | |
| *Expunged juvenile adjudications will not be considered to disqualify an applicant. | | |
| 6. Even if expunged, within the last 5 years have you: | | |
| (a) been convicted or placed on diversion , in Kansas or any other jurisdiction, for an act that constitutes a misdemeanor under the provisions of the uniform controlled substances act, currently found at K.S.A. 65-4101 <i>et seq</i> ; | | |
| (b) been convicted or placed on diversion , in Kansas or any other jurisdiction, two (2) or more times for an act that constitutes a violation of K.S.A. 8-1567, driving under the influence of alcohol or controlled substance; | | |
| (c) been convicted or placed on diversion , in Kansas or any other jurisdiction, for an act that constitutes a 'domestic violence misdemeanor.' A 'domestic violence misdemeanor' means: (1) a violation of K.S.A. 21-3412a and amendments thereto; or (2) any other misdemeanor under federal, municipal or state law that has as an element the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim; | | |
| (d) been convicted or placed on diversion , in Kansas or any other jurisdiction, for an act that constitutes a violation of K.S.A. 75-7c12 (carrying a concealed weapon under the influence of alcohol/drugs); or | | |
| (e) been convicted or placed on diversion , in Kansas or any other jurisdiction, for an act that constitutes a violation of K.S.A. 21-4201(a)(4), and amendments thereto, for the unlawful concealed carry of a firearm on one's person? | | |
| 7. Within the last 5 years, have you: | | |
| (a) been adjudicated as a juvenile offender, in Kansas or any other jurisdiction, for an unlawful act that would constitute a misdemeanor crime found under questions 8(a) through (e) above if that act had been committed by an adult? | | |
| (b) if answer to question 9(a) is 'yes,' which subsection(s) of question 8 apply? | | |

Applicant Signature: _____ Date: _____

| Section II: (cont'd) | Yes | No |
|---|-----|----|
| 8. Have you ever been convicted of a 'misdemeanor crime of domestic violence' as defined by federal law, 18 U.S.C. 922(a)(33)? (for definition, see question 8(c)(2) above) | | |
| 9. (A) Have you ever been adjudged a disabled person under the Kansas act for obtaining a guardian or conservator (K.S.A. 59-3050 et seq.); or had a guardian, conservator, or both appointed for you under that Act or similar law from another jurisdiction? (B) If you answered "yes" to 11(A), have you been restored to capacity for at least three (3) years? | | |
| 10. (A) Have you ever been charged with, or are you currently under charges for a crime which, if convicted or placed on diversion for, would render you ineligible for a license? (B) If so charged, and final disposition has occurred, are there any other charges pending that would cause you to be ineligible for a license? | | |
| 11. (A) Have you ever been ordered by a court to receive treatment for mental illness or an Alcohol or substance abuse problem? (Does not include ordered treatment following a DUI) (B) If you answered " yes" to question 13(A), do you have a certificate that was issued by a court, at least five (5) years prior to the date of application, restoring your ability to possess a firearm? | | |
| 12. Are you currently subject to any restraining orders in the following actions: (1) protection from abuse or stalking (KSA 60-3101; 60-31a01); (2) divorce (KSA 60-1607); (3) child-in-need-of-care (KSA 38-2242; 38-2243; 38-2255); or (4) similar orders issued from other jurisdictions? | | |
| 13. Have you been dishonorably discharged from the military? | | |
| 14. Are you currently in contempt of court in a child support proceeding? | | |
| Applicant Signature: _____ Date: _____ | | |

Please note that all firearms instructor qualifications indicated in Section III must be current. If your certifications or credentials have expired you must validate and/or restore them to active status before applying. Kansas certified concealed carry instructors must keep their qualifications current in order to maintain certification and continue instructing the required CCHL weapons safety and training course.

| Section III. Firearms Instructor Qualifications (Check All That Apply) | Yes | No | | | | | | | | | | | | | | | |
|---|-----------------------------|-----------------------------|---------------------------|----|-------|-------|----|-------|-------|----|-------|-------|----|-------|-------|--|--|
| 1. Current service Kansas law enforcement officer (Certified by KLETC) Only KLETC certified fulltime or part-time officers are eligible under this qualification. Attach a copy of your law enforcement credentials issued by your employing agency. | | | | | | | | | | | | | | | | | |
| 2. Current certification as a firearms trainer for licensed Kansas private investigators (Certified by the Attorney General pursuant to K.S.A. 75-7b21). Attach a copy of your current certification issued by the Attorney General. | | | | | | | | | | | | | | | | | |
| 3. Current certification as a firearms instructor with a branch of the United States armed services. Attach a copy of your firearms instructor rating, certificate or a letter from your commanding officer signifying your current assignment as a firearms instructor. | | | | | | | | | | | | | | | | | |
| 4. Current certification as a firearms trainer or instructor with one or more of the following Organizations: NRA, AACFI, KLETC, state or federal law enforcement agency. Attach a copy of your current NRA or AACFI credentials bearing an expiration date. Applicants with non-expiring state or federal firearms instructor certifications must attach a copy of those certificates. | | | | | | | | | | | | | | | | | |
| <p>5. If you answered "Yes" to Section III, Questions 3 or 4, list the branch of service and/or organization and type of instructor qualification held.</p> <table border="0" data-bbox="105 798 1096 1081"> <thead> <tr> <th data-bbox="105 798 641 840"></th> <th data-bbox="641 798 1096 840"><u>Name of Organization</u></th> <th data-bbox="641 798 1096 840"><u>Certification Held</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="105 861 641 903">A.</td> <td data-bbox="641 861 1096 903">_____</td> <td data-bbox="641 861 1096 903">_____</td> </tr> <tr> <td data-bbox="105 924 641 966">B.</td> <td data-bbox="641 924 1096 966">_____</td> <td data-bbox="641 924 1096 966">_____</td> </tr> <tr> <td data-bbox="105 987 641 1029">C.</td> <td data-bbox="641 987 1096 1029">_____</td> <td data-bbox="641 987 1096 1029">_____</td> </tr> <tr> <td data-bbox="105 1050 641 1092">D.</td> <td data-bbox="641 1050 1096 1092">_____</td> <td data-bbox="641 1050 1096 1092">_____</td> </tr> </tbody> </table> | | <u>Name of Organization</u> | <u>Certification Held</u> | A. | _____ | _____ | B. | _____ | _____ | C. | _____ | _____ | D. | _____ | _____ | | |
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| A. | _____ | _____ | | | | | | | | | | | | | | | |
| B. | _____ | _____ | | | | | | | | | | | | | | | |
| C. | _____ | _____ | | | | | | | | | | | | | | | |
| D. | _____ | _____ | | | | | | | | | | | | | | | |

| Section IV: Sworn Statement |
|--|
| <p>WARNING: This application is executed under oath. A false statement or answer in sections I, II, or III of this application, or submission of a false document, may subject the applicant to prosecution for the crime of perjury, K.S.A. 21-3805, ad amendments thereto, a severity level nine (9) non-person felony, or other applicable criminal violation.</p> <p>I hereby declare under penalty of perjury that all of the statements made in this application are true and correct and that:</p> <ol style="list-style-type: none"> <li data-bbox="154 1470 1573 1543">1. Pursuant to K.S.A. 75-7c05, I hereby waive confidentiality in my mental health and medical records as are necessary to determine my qualifications under the KPFFPA; <li data-bbox="154 1564 1573 1638">2. The information contained in this application, and any documents or items submitted with it, is true, correct and complete to the best of my knowledge. <li data-bbox="154 1659 1573 1753">3. I understand that a criminal history records check will be conducted and that other investigations may be conducted to determine my eligibility for a concealed weapon license as part of the application process, and that the criminal history records check may include access to expunged records. <p>Signature: _____ Date: _____ Print Name: _____</p> |

Section V: Permission to Publish Name, Phone Number, Email Information

The name, city and county of all certified concealed carry instructors is listed in the Attorney General's directory of certified instructors. The directory is made available to the public on the Attorney General's web site at www.ksag.org.

If you wish to have your phone number, email address or business web site published on the Attorney General's web site, please complete the following. Only those items you authorize below will be published. Please limit listings to one phone number, one email address and one web address. It is the responsibility of each instructor to notify the Attorney General of any changes to the published information. Changes should be faxed to the Concealed Carry Unit, 785-368-6468, or emailed to ksagcc@ksag.org.

I authorize the Attorney General to publish the following information on the Internet listing of Kansas certified concealed carry instructors:

Name (please print): _____

Phone number, including area code: (_____) _____

Email address: _____

Business web address: _____

I understand it is my obligation to check the web site at www.ksag.org for accuracy of the above and then notify the Attorney General of any changes I want to make, including removal of my contact information.

Certified Instructor's Signature _____ Date: _____

Mail Application To: Concealed Carry Unit
Office of Attorney General
720 SW Jackson, Suite 204
Topeka, KS 66603

Questions? Call.....785-291-3765
Emailksagcc@ksag.org