

Certified CCH Instructor Orientation Class
Registration Form (Please Print)

Name: _____

(last, first, middle)

Address: _____

(street, city, state, zip)

Phone: _____ Email: _____

Drivers License #: _____

Class Date: _____ Class Location: _____

Fax to: The Office of Attorney General, c/o Concealed Carry Unit,
785-368-6468

Mail to: The Office of Attorney General, c/o Concealed Carry Unit,
120 SW Tenth Street, Topeka, KS 66612

Email to: Text message all registration information to ksagcc@ksag.org
Subject: Certified Instructor Class Registration