County of Gilpin Verified Instructor Application / Renewal Form

Email form and attachments to records@gilpincounty.org or mail to: 2960 Dory Hill Rd, Suite 300, Black Hawk, CO 80422

Are you currently a verified instructor with the Gilpin County Sheriff's Office?					Type of verification requested, and associated fee:				
☐ No ☐ Yes Expiration date:				□ Ne	w = \$100.00	☐ Renev	wal = \$50.00 (Every ten years)	
Address of the principal place where you conduct firearms training (Location must be in the County of Gilpin:					The application fee is due upon submission of this form. You can pay the fee in person using a credit card, cash or check. If the application is submitted via email, it will not be processed until the payment is made in person or online at https://www.govpaynow.com/gps/user/plc/7071				
Applicant's Name (Last, First, and Middle):					Email:				
Current Home Address:	City / Star				te / Zip:			Personal Phone Number:	
Mailing Address (if Different from Above	e):		City / Sta	ite / Zip:			-		
Business Name for Firearms Training:	ning:				Business Email (if different from above):				
Business Address of Firearms Training:	ning: City / State / Zip:						Business Phone Number:		
Type of classes you offer (check all that a		ial or first-time	e) \square Refres	her class	□ ВОТН				
Name and Address of Organization Certif You as a Firearm Instructor:	Federal, State, College or univ Nationally reco	Organization Certifying You as Instructor: ral, State, County, or Municipal Law Enforcement Agency ge or university onally recognized organization that offers firearms training				Certification			
	☐ Firearms Training School						Certificate E	Expiration Date:	
Colorado CHP Permit No.:	Colorado CHP Permit Expiration: Colorado						CHP County of Issue:		
Attach a copy of all documents listed bel ☐ Concealed Handgun Permit ☐ Driver's License ☐ Instructor Certification of Compliance Statutory Instruction Requirements		☐ Receipt f	quality may be for Payment of your Firearms l	Applicati	on Fee	rtificate(s)			
ACKNOWLEDGMENT AND RELEAS ■ I acknowledge that I have read, understa ■ I understand that C.R.S. § 18-12-202.7(the expiration of my instructor's verificat Gilpin County Sheriff's website.	and, and an 3)(c) requir	n abiding by all es the Sheriff t	o maintain a re	cord of m	y name as a				
• I affirm that the information on this App	olication is	true, correct, a	nd complete, ar	nd I ackno	wledge and	understand tl	hat the informa	ition I have	
provided on this Application will be verif	ied by the	Sheriff's Office	e.						
Signature:			Date:						
Below		1	ly – DO NOT	WRITE	BELOW TH	IIS LINE			
	Initials:	Date:	Notes:						
All documents received									
Information Verified									
STATUS *If not approved, the sheriff's office shall notify the person in writing.			Circle one: A	Approved	l D	enied	Revoked	Suspended	
Updated LOG									
Updated on website									
Updated CHP list									
Scanned into EDMS									