

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

	<u>STUDENT'S NAME</u>	<u>Driver License or Identification Card #</u>	<u>C - Classroom only</u>	<u>SA or NSA</u>	<u>PASS or FAIL</u>
			<u>P - Proficiency only or B - Both</u>		
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Please Print:

INSTRUCTOR NAME: _____

LICENSE #: _____

CLASS COMPLETION DATE: __/__/____

You must submit this Class Completion within five (5) business days. The completed form may be faxed:
 to 512-424-7284 or
www.dps.texas.gov/rsd/contact/default.aspx

Privacy Policy: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.