

SOUTH CAROLINA LAW ENFORCEMENT DIVISION INSTRUCTORS APPLICATION

SLED TRAINING

P.O. Box 21398

Columbia, SC 29221-1398

● TYPE OR PRINT IN INK.

Please complete all applicable parts of this form. Your application **will not** be processed unless all applicable questions have been answered.

<input type="checkbox"/> NEW INSTRUCTORS APPLICATION		<input type="checkbox"/> RENEWAL INSTRUCTORS APPLICATION		SLED USE ONLY		INSTRUCTORS NO. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
NAME IN FULL: LAST, FIRST, MIDDLE (IF FEMALE, LIST MAIDEN NAME)						COUNTY	
RESIDENCE ADDRESS: STREET NUMBER & NAME (APARTMENT OR LOT #)				CITY	STATE	ZIP CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
STREET ADDRESS (IF AT ABOVE ADDRESS LESS THAN THREE YEARS)				CITY	STATE	ZIP CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
STREET ADDRESS (IF AT ABOVE ADDRESS LESS THAN THREE YEARS)				CITY	STATE	ZIP CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
STREET ADDRESS (IF AT ABOVE ADDRESS LESS THAN THREE YEARS)				CITY	STATE	ZIP CODE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
SOCIAL SECURITY NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		DRIVER'S LICENSE NUMBER/STATE ID. NO. <input style="width: 20px; height: 20px;" type="text"/>		MILITARY ID # <input style="width: 20px; height: 20px;" type="text"/>		HOME PHONE NUMBER () -	
DATE OF BIRTH (MO-DAY-YR) <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		PLACE OF BIRTH (STATE OR COUNTRY) <input style="width: 20px; height: 20px;" type="text"/>		RACE <input style="width: 20px; height: 20px;" type="text"/>	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BUSINESS PHONE NUMBER () -	
HEIGHT <input style="width: 20px; height: 20px;" type="text"/>	WEIGHT <input style="width: 20px; height: 20px;" type="text"/>	EYE COLOR <input style="width: 20px; height: 20px;" type="text"/>	HAIR COLOR <input style="width: 20px; height: 20px;" type="text"/>	DISABLED VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT OFFICER <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED	DO YOU NOW HOLD OR HAVE YOU EVER HELD A CWP PERMIT? PERMIT NUMBER _____	
Yes No All applicants: Please answer "Yes" or "No" to all the questions listed below.							
<input type="checkbox"/>	Are you under twenty-one (21) years of age?						
<input type="checkbox"/>	Are you under indictment for any crime?						
<input type="checkbox"/>	Have you ever been convicted of a crime?						
<input type="checkbox"/>	Have you been adjudged unfit to carry or possess a pistol by order of a circuit or county judge of this state?						
<input type="checkbox"/>	Are you a fugitive from justice?						
<input type="checkbox"/>	Have you ever been adjudicated mentally defective or have you ever been committed to a mental institution?						
<input type="checkbox"/>	Have you been discharged from the Armed Forces under dishonorable discharge?						
<input type="checkbox"/>	Are you an unlawful user of, or addicted to alcohol, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?						
<input type="checkbox"/>	Are you an alien illegally in the United States?						
<input type="checkbox"/>	Are you a person who, having been a citizen of the United States, has renounced his/her citizenship?						
<input type="checkbox"/>	Are you a member of a subversive organization as defined in act 330 of 1965 South Carolina Statutes at Large as amended?						
YOU MUST ATTACH A COLOR PHOTOGRAPH NO LARGER THAN 2 1/2 X 3 1/2 INCHES.							
I attest that, to the best of my knowledge, all answers on this application are true. I understand that I may be subjected to criminal prosecution for falsification or misrepresentation of any part of any document provided to the South Carolina Law Enforcement Division in the application process. Falsification or misrepresentation is also grounds for my instructors certificate being denied or revoked. I understand that if I become prohibited under State Law from possessing a weapon, my certificate is subject to revocation.							
Signature: _____				Date: _____			