



SLED Concealed Weapon Permit (CWP) Instructor Renewal Application

Mail to:
SLED CWP
P. O. BOX 21398
COLUMBIA, SOUTH CAROLINA 29221-1398
TYPE OR PRINT IN INK

Your application will not be processed unless all applicable questions have been answered and required documentation submitted.

New Instructor Application Renewal Instructor Application

Instructor Number (Renewal Application Only)

Full Name (Last, First, Middle, Maiden, Suffix): _____ County: _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Email Address: _____ Website: _____

Do you want your information listed on the SLED website? Yes _____ No _____ (Only telephone number will be disseminated publicly)

Social Security Number (SSN): _____ Driver's License Number: _____ Military Identification Number: _____

Date of Birth (YYYY/MM/DD): _____ Place of Birth: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Disabled Veteran: Yes _____ No _____ Law Enforcement Officer: Active _____ Retired _____

Last Date Certified:	INSTRUCTOR CERTIFICATION(S): INCLUDE COPY OF CERTIFICATE(S)
	National Rifle Association Instructor Certification?
	S. C. Criminal Justice Academy Firearms Instructor Certification?
	SLED Private Security Level I, II, III?
	U. S. Military Instructor?
	Federal Law Enforcement Instructor (FLETC, FBI)?
	Commercial Certification (S&W; H&K; Sig Arms; Gunsite; etc.)?
	Other

YOU MUST ATTACH A COLOR PHOTOGRAPH NO LARGER THAN 2 1/2 X 3 1/2 INCHES OR COPY OF DRIVERS LICENSE

I attest, to the best of my knowledge, that 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 instructor certification being denied or revoked. I understand that if I become prohibited under state or federal law from possessing a weapon, my certification will be revoked.

Signature: _____

Date: _____