



SOUTH CAROLINA LAW ENFORCEMENT DIVISION CWP INSTRUCTOR APPLICATION

SLED
P. O. BOX 21309
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 Applicants contact
803-896-7063

Renewal Instructor Application

Renewal Instructor Number

Name In Full: Last First Middle (If Female, List Maiden Name) County

Residence Address: Street Number & Name City State Zip Code Telephone # E-Mail Address

Business Address: Street Number & Name City State Zip Code Telephone # E-Mail Address

Mailing Information (only telephone number will given out to public) OK to list on website? Yes ___ No ___

Street Number & Name City State Zip Code Telephone # E-Mail Address

Social Security Number: _____

Driver License # _____

Military ID# _____

_____/_____/_____/

Date of Birth (MO-DAY-YR)

Place of Birth (State or Country)

Race Sex

_____/_____/_____/

Height

Weight

Eye Color

Hair Color

Disabled Veteran

Yes ___ No ___

Law Enforcement Officer

Active ___ Retired ___

Date

INSTRUCTOR CERTIFICATION: INCLUDE COPY OF CERTIFICATE

Last Date Certified: _____

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 (FLETL, FBI)? _____

Commercial Certification (S&W;H&K;Sig Arms;Gunsite;etc)? _____

Other _____

YOU MUST ATTACH A COLOR PHOTOGRAPH NO LARGER THAN 2 ½ X 3 ½ INCHES OR COPY OF DRIVERS LICENSE

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 instructor's 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: _____

REVISED 10/13