

Tel: (803) 737-9000

South Carolina Concealed Weapon Permit Instructor Student Checklist

*This form must be submitted with the Concealed Weapons Permit application, & Instructors must retain a copy.

Student N	lame:Number:	
Address:		
Instructor	r Name:Number:	
Date Trai	ning Completed:Location:	
	enalty of perjury I certify that I have successfully completed a SC CWP training class and have a working nding of the following related topics:	(Initial Below)
1)	Statutory and case law regarding deadly force	
2)	SC laws governing firearms and concealed weapons permits	
3)	Proper firearms storage practices that deny access to children	
4)	Prohibited carry locations	
5)	Liability and responsibility issues relating to firearms	
6)	Proper interaction with Law Enforcement Officers	
7)	The four cardinal firearm safety rules	
8)	Handgun safety, manipulation, and operation	
9)	Basic handgun marksmanship	
10) Proper concealment techniques and drawing from concealment	
11) Qualification on the range with the Instructor	
*La	w Enforcement/Military Exemption (Attach Documentation)	
	(Exempt applicants are only required to certify items 1 through 6)	
Studen	t Signature:	
that m	penalty of perjury I certify that this student has successfully completed a course eets the standards set forth in Section 23-31-210 of the South Carolina Code of I cally included the items listed above.	
	upon his/her performance in the CWP training class that I conducted, I recomment Int be issued a Concealed Weapons Permit.	end that this

Test Score: _____ Qualification Score: _____

Instructor Signature: ______Date: _____