



## Adams County Sheriff's Office Verified Instructor Application / Renewal Form

Are you currently a verified instructor with Adams County Sheriff's Office? No        Yes        Expiration date:		Type of verification requested: New                      Renewal	
Address of the principal place where you conduct firearms training (Location must be in Adams County):		Verified Instructor number:	
Applicant's Name (Last, First, and Middle):		Email:	
Current Home Address:		City / State / Zip:	
Mailing Address (if Different from Above):		City / State / Zip:	
Business Name for Firearms Training:		Business Email (if different from above):	
		Business Website (if any):	
Business Address of Firearms Training:		City / State / Zip:	
		Business Phone Number:	
Type of classes you offer (check all that apply): Concealed Handgun Training Class (Initial or first-time)    Refresher class <b>BOTH</b>			
Name and Address of Organization Certifying You as a Firearm Instructor:	Type of Organization Certifying You as Instructor:  Federal, State, County, or Municipal Law Enforcement Agency College or university Nationally recognized organization that offers firearms training Firearms Training School		Certification Number:
			Certificate Expiration Date:
Colorado CHP Permit No.:	Colorado CHP Permit Expiration:		Colorado CHP County of Issue:
<b>Attach a copy of <u>all</u> documents listed below (Documents of poor quality may be rejected):</b>  <div style="display: flex; justify-content: space-between;"> <div>           Concealed Handgun Permit Requirements             Colorado Driver's License or ID         </div> <div>           Instructor Certification of Compliance with Statutory Instruction             Firearms Instructor Training Certificate(s)         </div> </div>			

## ACKNOWLEDGMENT AND RELEASE OF INFORMATION

- I acknowledge that I have read, understand, and am abiding by all requirements of HB24-1174.
- I understand that C.R.S. § 18-12-202.7(3)(c) requires the Sheriff to maintain a record of my name as a verified instructor and to post my name and the expiration of my instructor's verification on the Sheriff's website. I consent to this information being released to the public and posted on the Adams County Sheriff's Office website.
- I agree to release and hold harmless the Adams County Sheriff's Office, its agencies, elected officials, officers, agents, and employees from any and all liability or claims resulting from issuance of this permit and verification. The issuing County Sheriff's Office, its agencies, elected officials, officers, agents, and employees are not liable for any damages that may result from issuance or denial of this permit and verification.
- I fully understand that the issuing County Sheriff's Office conducts a background investigation of all applicants.
- I hereby authorize any person who is contacted by the Adams County Sheriff's Office personnel to release any information to the Adams County Sheriff's Office pertaining to the background investigation including, but not limited to, military, police, driving records and character for use by the issuing County Sheriff's Office in the consideration of my application. I further agree to release and hold harmless the Adams County Sheriff's Office, its agencies, elected officials, officers, agents, and employees from any and all liability or claims which I may have arising out of the disclosure of such information to the Adams County Sheriff's Office in the consideration of my application.
- This authorization for the release of information shall be valid for a six (6) month period from the date hereof. Any release of claims or liability set forth herein shall survive the termination of the agreement.
- I agree that if my principal place of business changes location or name, I must notify the Adams County Sheriff's Office within 30 days of my new business name and address.
- I understand it is my responsibility to let ACSO know when I renew my firearms instructor certification and concealed handgun permit and that failure to do so will result in my verified instructor status through ACSO being suspended/revoked and my name being removed from ACSO's public list of verified instructors.
- I understand that if my firearms instructor certification expires or my concealed handgun permit expires or is revoked or suspended, my verified instructor status with ACSO will be revoked and my name will be removed from ACSO's public list of verified instructors and that there is no grace period for expired instructor certifications or expired/suspended/revoked concealed handgun permits.
- I swear/affirm under penalty of law that the information on this Application is true, correct, and complete.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Sheriff or Designee)