City and County of Broomfield Verified Instructor Application / Renewal Form

Email form and attachments to chp@broomfield.org or mail to: 7 Descombes Drive, Broomfield, CO 80020

Are you currently a verified instructor with the Broomfield Police Department? ☐ No ☐ Yes Expiration date:	Type of verification requested, and associated fee: ☐ New = **$75.00** ☐ Renewal = **$75.00** (Every ten years)
Address of the principal place where you conduct firearms training (Location must be in the City and County of Broomfield:	**The application fee is due upon submission of this form. You can pay the fee in person using a credit card or check. If the application is submitted via email, it will not be processed until the payment is made in person.**

Applicant's Name (Last, First, and Middle):		Email:
Current Home Address:	City / State / Zip:	Personal Phone Number:
Mailing Address (if Different from Above):	City / State / Zip:	
Business Name for Firearms Training:		Business Email (if different from above):
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 ☐ BOTH

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:

Attach a copy of all documents listed below (Documents of poor quality may be rejected):

- ☐ Concealed Handgun Permit
- ☐ Driver's License
- ☐ Instructor Certification of Compliance with Statutory Instruction Requirements
- ☐ Receipt for Payment of Application Fee
- ☐ Copy of your Firearms Instructor Training Certificate(s)

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 Broomfield Police Department's website.
- I affirm that the information on this Application is true, correct, and complete, and I acknowledge and understand that the information I have provided on this Application will be verified by the Sheriff's Office.

Signature: _____ **Date:** _____

Below section for CHP staff only – DO NOT WRITE BELOW THIS LINE

	Initials:	**Date:**	**Notes:**
All documents received			
Information Verified			
STATUS *If not approved, the sheriff's office shall notify the person in writing.			**Circle one: Approved Denied Revoked Suspended**
Updated LOG			
Updated on website			
Updated CHP list			
Scanned into EDMS			

Revised 7/02/2024