

STATE OF IDAHO

Training Certificate of Completion

Note: All sections must be completed and signed. This certificate must accompany an application for the I.C. §18-3302K Idaho Enhanced License to Carry Concealed Weapons.

Applicant

Name	Date of Birth	Sex
Address	City, State Zip	
Under penalty of Idaho Code 18-3302K (13), I certify that the foregoing is true and correct and that I attended and completed the qualifying handgun course described below.		
SIGNATURE OF APPLICANT _____ DATE _____		

Firearms Instruction

Course Completed	
Course Date(s)	Course Location(s)
Instructor Credential(s)	
Instructor Name	
☐ NRA Certified Instructor	NRA Instructor Number
☐ Idaho POST Firearms Instructor	
☐ Other personal protection credentials	

The applicant named herein successfully completed the qualifying handgun course described above, which meets the requirements of Idaho Code § 18-3302K(4)(c)(i)-(iv).

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

INSTRUCTOR SIGNATURE _____ DATE _____

LEGAL INSTRUCTION

Course Date:	Course Location:
Instructor Credential(s)	
Instructor Name	
☐ Idaho State Bar (Active, Senior, or Emeritus)	Idaho Bar License Number
☐ Idaho law enforcement officer with a POST Intermediate or higher training certificate	Agency Name if Applicable
☐ Instructor certified by the National Rifle Association, or equivalent, who has instructed an approved course for enhanced concealed carry for at least eight (8) years.	

The applicant named herein successfully completed the above-described instruction in Idaho law relating to firearms and the use of deadly force.

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

INSTRUCTOR SIGNATURE _____ DATE _____