# IOWA DEPARTMENT OF PUBLIC SAFETY

## APPLICATION

## Approval to Certify Handgun Safety Training Instructors

Business or Program Name:

Owner or Primary Contact:

Phone Number:

Email Address:

Organization Street Address:

City:

State:

Zip Code:

Organization Website URL:

Instructor Verification URL:

Secondary Contact (if applicable):

Phone Number:

Email Address:

PRINT FORM

**Please send completed application, application materials, and payment to:**

**Iowa Department of Public Safety**
**Program Services Bureau**
**215 E 7th St**
**Des Moines, IA 50319-0045**

**If your application is approved, you will be notified within 30 days at the email address provided.**