



IOWA DEPARTMENT OF PUBLIC SAFETY

APPLICATION

Approval to Certify Handgun Safety Training Instructors

Business or Program Name:

Owner or Primary Contact:

Phone Number:

Organization - Email Address:

Street Address:

City:

State:

SELECT ONE:

Zip Code:

Organization Website URL:

Instructor Verification URL:

Secondary Contact (if applicable):

Phone Number:

Email Address:

Are you subject to any State of Iowa or Federal prohibitions that would prevent you from lawfully possessing a firearm?

Yes

No

Owner or Primary Point of Contact total cumulative experience as firearms instructor:

Years

Months

Please provide a brief written description of how the organization will maintain instructor records:

Please provide a brief written description of how the organization will maintain proficiency of instructional practices and ensure the ongoing integrity of instructor competencies:

PRINT FORM

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