## STATE OF CALIFORNIA BOF 1034 (Orig. 01/2024)

### **CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS**

#### **Carry Concealed Weapon Program DOJ Certified Instructor Application**

Initial Application						
Renewal Application ${\text{CCW}}$	DOJ Certified Instructor Numbe	r	-			
A. Applicant Information						
Last Name:	Suffix:	First Name: Middle Name:				
Mailing Address:	I	City:			State:	Zip Code:
Business Address (if different):	_	City: State: Zip Code:				
Date of Birth (mm/dd/yyyy): CA Driver L	icense or Identification Card Nu	mber (Copy and attach)	): Sex:	Phone No.	(include a	rea code):
Email Address:						
Pursuant to Penal Code section 26165, su CCW) Department of Justice (DOJ) Cer pelow. Initial applicants must <u>attach</u> a co	rtified Instructor applicant mu					
Bureau of Security and Investigati	ive Services, Department of Cons	sumer Affairs, State of C	alifornia -	Firearm Traini	ng Instruct	or
Commission on Peace Officer Sta	ndards and Training, State of Ca	lifornia - Firearm Instruc	tor or Rang	gemaster		
Authorization from a State of Cali	fornia accredited school to teach	a firearms training cours	se			
COE Number:	Expiration Date:					
3. Shooting Qualification - To Be Co	mpleted by Administrator of	f Shooting Course				
All CCW DOJ Certified Instructor ap administered by someone certified by						
Bureau of Security and Investigati	ve Services, Department of Cons	sumer Affairs, State of C	alifornia - l	Firearm Traini	ng Instruct	or
Federal Government, Certified Ra	ngemaster or Firearm Instructor					
Federal Law Enforcement Training	g Center, Firearm Instructor Trai	ning Program or Rangen	naster			
United States Military, Occupation	nal Specialty (MOS) as marksma	nship or firearms instruc	tor			
Commission on Peace Officer Star	ndards and Training, State of Cal	ifornia - Firearm Instruc	tor or Rang	gemaster		
Authorization from a State of Cali	fornia accredited school to teach	a firearms training cours	se			
Administrator Full Name (Print)	Administrator Phon	e Number	Date o	of Shooting Co	urse	
I declare under penalty of perjury under required by California Code of Regulation			ccessfully p	assed the live-	fire shootii	ig course
Signature		Date				

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Original ATTORNE Part of the ATTORNE Par

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#### C. Declaration

I understand that the DOJ has no responsibility for insurance coverage for myself, my students, my classes, my courses, or my oversight of the CCW license training course. I understand that my instructor certification will be valid for four years provided I maintain a current COE. I agree to comply with all legal requirements for the CCW license training course, as specified in the applicable statutes and regulations.						
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Signature		Date				
Email the completed form and all required attachments to: <u>DOJCertifiedInstructor@doj.ca.gov</u>						
Alternatively, the materials may be mailed to: California Department of Justice, Bureau of Firearms, Customer Support Center - CCW DOJ Certified Instructor, P.O. Box 160367 Sacramento, CA 95816-0367						
If you have any questions regarding this application, please contact the Bureau of Firearms at (916) 210-2700.						
DOJ USE ONLY						
Received Date:	Processed Ry BOF:	CCW DOLInstructor No:				

#### **Privacy Notice**

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The Bureau of Firearms in the Department of Justice collects the information requested on this form as authorized by Penal Code section 31635. The Bureau of Firearms uses this information to establish grounds for the issuance of the certificate indicated on this application. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <a href="http://oag.ca.gov/privacy-policy">http://oag.ca.gov/privacy-policy</a>.

**Providing Personal Information.** All the personal information requested in the form must be provided. This form will not be processed for failure to provide all personal information requested.

**Access to Your Information.** You may review the records maintained by the Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to establish grounds for the issuance of the certificate indicated on this application, we may need to share the information you give us with any peace officer or other person designated by the Attorney General upon request.

The information you provide may also be disclosed in the following circumstances:

- · In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Department of Justice, Bureau of Firearms at P.O. Box 160367, Sacramento, CA 95816-0367 or (916) 210-2700.