FIREARM & DANGEROUS WEAPON INSTRUCTOR COURSE INFORMATION
OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION

Instructor Name:_____ Instructor Number:_____

Testing Date:_____ Classroom and Written Testing Location:_____

Written Time: _____ ☐ A.M. ☐ P.M. Shooting Time: _____ ☐ A.M. ☐ P.M.

Range Location (for proficiency test): _____

Date:_____ Signature:_____

Contact Number:_____

THIS FORM MUST BE COMPLETED AND SENT TO BCI PRIOR TO ANY INSTRUCTION COURSES

For BCI Use Only

Agent Assigned: _____

The Bureau of Criminal Investigation will conduct random spot checks on all Class 1 Concealed Weapon Permit Testing to ensure full compliance with course requirements. This form must be completed and sent to BCI **fifteen (15)** days prior to any Class 1 Instruction Courses. Failure to provide the required information will result in revocation of Instructor Certification.

Forward to: Bureau of Criminal Investigation
P.O. Box 1054
Bismarck, ND 58502-1054