



Carry Concealed Handgun Certificate Reorder Form

Instructor # _____

Name: _____
Last, First, Middle

Mailing Address: _____
Street; City; State; Zip Code

New Address:

Contact Phone: _____ Email: _____
(Required)

* Please note that the telephone numbers and addresses you list will be provided to the citizens of North Carolina requesting lists of certified instructors in their county. **Email Address will not be released.

Firearm Course(s): _____

On which County list would you like to be placed? _____
(Your name will only be included on **one** county list)

Certificate Order

(Pursuant to 12 NCAC 09F .0107 - Certificates are issued in quantities of 25)

Number of certificates requested (minimum of 25): _____ (\$2.00 per certificate) Amount Enclosed \$ _____

Fees must be paid by certified check or money order, and made payable to the North Carolina Department of Justice.

Send Payments to:

Criminal Justice Standards Division
North Carolina Department of Justice
Post Office Drawer 149
Raleigh, North Carolina 27602
919-661-5980

(Pursuant to N.C.G.S. § 25-3-506 a \$25.00 fee is charged for all returned checks.)