



ARKANSAS STATE POLICE

Concealed Handgun Carry License ENHANCED

Certification of Training

(Please print clearly and provide all requested information)

**Fax this properly completed form to (501) 618-8535
or e-mail to CHCLINFO@asp.arkansas.gov**

NOTICE: Knowingly providing false information on this form could result in criminal prosecution or revocation or non-issuance of an Arkansas Concealed Handgun Carry License.

The applicant, by completing this form, swears or affirms that he/she has successfully completed approximately eight (8) hours of training required for an Arkansas Enhanced Concealed Handgun Carry License pursuant to Arkansas Code Annotated §§5-73-301 et seq. and the Arkansas State Police Concealed Handgun Carry License Rules.

The instructor(s), by completing this form, swears or affirms that he/she has successfully administered approximately eight (8) hours of training required for an Arkansas Enhanced Concealed Handgun Carry License pursuant to Arkansas Code Annotated §§5-73-301 et seq. and the Arkansas State Police Concealed Handgun Carry License Rules, **including "live fire."**

I hereby state under oath that the representations made herein are true and correct.

Completion Date of Enhanced Training: _____ CHCL # _____
(if renewal)

Qualified with Semiautomatic _____ Revolver _____

Confirmation # (from on-line application only) _____
(if applicable)

Name of the Applicant: _____
PRINT CLEARLY (First/MI/Last Name)

Signature of Applicant: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

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*Please write clearly*

I certify that the above listed person completed enhanced training and shot \_\_\_\_\_ out of 50 live-fire rounds (properly timed) within the 7 ring of a B-27 target at the prescribed distances in the training syllabus.

Name of Instructor: \_\_\_\_\_ Inst # \_\_\_\_\_  
(First/MI/Last Name)

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)