



# SLED Concealed Weapon Permit (CWP) Instructor Application

Mail to:  
SLED CWP  
P. O. BOX 21398  
COLUMBIA, SOUTH CAROLINA 29221-1398  
**\*TYPE OR PRINT IN INK\***

Your application will not be processed unless all applicable questions have been answered and required documentation submitted.

New Instructor Application      Renewal Instructor Application      FEE \$100.00  
Instructor Number: \_\_\_\_\_

Full Name (Last, First, Middle, Maiden, Suffix): \_\_\_\_\_ County: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Do you want your information listed on the SLED website? Yes \_\_\_ No \_\_\_ (Only telephone number will be disseminated publicly)

Social Security Number (SSN): \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ DL State: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_ Sex: \_\_\_ Height: \_\_\_ Weight: \_\_\_ Eye Color: \_\_\_ Hair Color: \_\_\_

Law Enforcement Officer: Active \_\_\_ Retired \_\_\_ Agency: \_\_\_\_\_

Last Date Certified:	INSTRUCTOR CERTIFICATION(S): INCLUDE COPY OF CERTIFICATE(S)
	National Rifle Association Instructor Certification?
	S. C. Criminal Justice Academy Firearms Instructor Certification?
	SLED Private Security Level I, II, III?
	U. S. Military Instructor?
	Federal Law Enforcement Instructor (FLETC, FBI)?
	USCCA?
	Other:

\*\* Have you attended at least one SLED approved SC CWP Instructor Seminar in the past (3) years?

Yes \_\_\_ No \_\_\_

I attest, to the best of my knowledge, that all answers on this application are true. I understand that I may be subjected to criminal prosecution for falsification or misrepresentation of any part of any document provided to the South Carolina Law Enforcement Division in the application process. Falsification or misrepresentation is also grounds for my instructor certification being denied or revoked. I understand that if I become prohibited under state or federal law from possessing a weapon, my certification will be revoked.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_