

Telephone

Name of Permit to Carry Applicant

## NEW JERSEY PERMIT TO CARRY SAFE HANDLING AND PROFICIENCY IN THE USE OF HANDGUNS CERTIFICATION

**Street Address** 

City, State Zip Code



SBI #		
FIRE	ARM <mark>S INSTRUCTOR</mark> CERTIFICA	TION OF FIREARMS QUALIFICATION
1.	I am a certified firearms instructor with certification from the following organization and have attached a copy of my firearms instructor certification:	
Organizati	on	Date of Certification
2.	The above-named Permit to Carry applicant has successfully completed Use of Force Training for Private Citizen Concealed Carry prepared by the State of New Jersey and the Provisions of N.J.S.A.2C:3-1, <i>et seq</i> , in an in-person instructional setting.	
3.	The above-named Permit to Carry applicant has successfully qualified on a course of fire consisting of <i>either</i> 1) the HQC2 (modified) protocol issued on July 21, 2023, or 2) the Civilian Carry Assessment and Range Evaluation protocol issued on September 15, 2023.	
I certify th to punishm		and if any responses are willfully false, I am subject
Print Name of Firearms Instructor		Print Name of Permit to Carry Applicant
Signature of Firearms Instructor		Signature of Permit to Carry Applicant
Date of qua	alification / Use of Force Training	
	S.A. 2C:58-4 permit to carry handguns, the holder thereof.	one permit shall be sufficient for all handguns

\*Any requirement for classroom instruction and target training shall not be required for a renewal applicant who completed the instruction and training when obtaining a permit to carry a handgun issued within the previous two years.