NORTH DAKOTA CONCEALED WEAPON INSTRUCTOR COURSE INFORMATION



Instructor Name

OFFICE OF ATTORNEY GENERAL BUREAU OF CRIMINAL INVESTIGATION SFN 60414 (08-2018)

You have 15 days to submit this form to BCI after testing is completed. Test Administrators must maintain a copy of this roster for 1 year from the date of completion.

Instructor Number

Telephone Number

Classroom and Written Testing Location			
Testing Date Written Time Shooting Time		Shooting Time	
Range Location (for proficiency test)			
Signature			Date
THIS FORM MUST BE COMPLETED AND SENT TO BCI PRIOR TO ANY INSTRUCTION COURSES			
Agent Assigned (for BCI user only)		

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

Forward to: Bureau of Criminal Investigation

PO Box 1054

Bismarck ND 58502-1054