



APPLICATION FOR FIREARM & DANGEROUS WEAPON INSTRUCTOR

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50963 (10-2024)

FOR BCI USE ONLY

Date Checked	Issue Date	Issued By
Test Admin Number	CWPTN	NICS Number
ND Record <input type="checkbox"/> No <input type="checkbox"/> Yes - Attached		FBI/III <input type="checkbox"/> No <input type="checkbox"/> Yes - Attached
NCIC/CWIS <input type="checkbox"/> No <input type="checkbox"/> Yes - Attached		ND Courts <input type="checkbox"/> No <input type="checkbox"/> Yes - Attached

PRIVACY ACT NOTIFICATION

Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a background investigation pursuant to NDCC § 62.1-04-03 before the issuance of a license to carry a concealed weapon. Disclosure of your social security number is voluntary. However, not providing this information may result in delay in the issuance of a license due to misidentification or criminal records check requirements of other state, local, or federal agencies.

Application Type <input type="checkbox"/> New <input type="checkbox"/> Renewal	Prior Test Administrator Number	Expiration Date
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APPLICATION INFORMATION (Please print clearly in ink or type)

Last Name	First Name	Middle Name	Social Security Number	
Date of Birth	Birth Place (City and State)	Telephone Number	Email Address	
Home Address		City	State	ZIP Code
Employer Name		Title		
Employer Address		City	State	ZIP Code

PRIOR RESIDENCE

Check All States Where You Have Ever Lived as an Adult (18 years or older)

- AL AK AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS
 KY LA MA MD ME MI MN MO MS MT NB NC ND NH NJ NM NV
 NY OH OK OR PA RI SC SD TN TX UT VA VT WA WI WV WY

ADDITIONAL INFORMATION

Do You Possess any Federal Firearm Licenses or Permits <input type="checkbox"/> No <input type="checkbox"/> Yes Type
Have any Weapon Permits Ever Been Issued to You or Possessed by You <input type="checkbox"/> No <input type="checkbox"/> Yes When and From Where
Have You Ever Been Granted Relief From the ATF or had Your Right to Bear Arms Restored <input type="checkbox"/> No <input type="checkbox"/> Yes By Whom and When

I authorize law enforcement agencies to make inquiry into my military, police, or medical history, and to obtain copies of those reports if they deem it necessary.

I also certify that the answers to all these questions are true and correct. I understand the making of any false or misleading statement or answer with respect to this application is a crime.

Applicant Signature	Date
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RECOMMENDATION OF BUREAU OF CRIMINAL INVESTIGATION

Representative Name	Title	Date Received
Recommendation that Application be Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Reason		
BCI Representative Signature	Date	

Forward the Firearm & Dangerous Weapon Instructor Application to: North Dakota Bureau of Criminal Investigation
PO Box 1054
Bismarck ND 58502-1054