



**Texas Department of Public Safety
Regulatory Services Division**

HANDGUN LICENSING

- MUST USE MOST CURRENT FORM
- PRINT CLEARLY IN BLACK INK OR TYPE
- MAKE SURE ENTIRE CIRCLE IS FILLED

Clearly mark your options.

EXAMPLE:
 Yes No

FIRST RESPONDER CERTIFICATION INSTRUCTOR APPLICATION

APPLICANT INFORMATION			
I currently hold a valid LTC Instructor Certification <input type="radio"/> Yes <input type="radio"/> No		LTC License No	
Last Name	First Name	MI	Suffix (IF ANY)
CONTACT INFORMATION			
Residence Address (Cannot be a PO Box)		City	State ZIP Code
Mailing Address (if different from Residence Address)		City	State ZIP Code
Phone Type	<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Office	Number	
Phone Type	<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Office	Number	
Applicant Email			

Payment Information: No fee

I verify the information provided is true and correct, and I understand this is an **official government record** and any false statement made on this document or any other supplement provided to DPS may result in **criminal prosecution**.

Applicant Signature _____ Date _____(MM/DD/YYYY)

Submit your completed **LTC-71** through email at RSD_LRS_LTC@dps.texas.gov

Privacy Policy: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.