



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

**HANDGUN LICENSING**

Submit your completed LTC-10 through email at [RSD\\_LRS\\_LTC@dps.texas.com](mailto:RSD_LRS_LTC@dps.texas.com)

**CERTIFICATION OF FIRST RESPONDER CLASS COMPLETION**

Last Name, First Name	DL or ID Number	State	Classroom		Proficiency	
			Pass	Fail	Pass	Fail

I verify the information provided is true and correct. I also understand this is an official government record and any missing information and/or false statement made on this document may result in criminal prosecution.

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**LTC Instructor Name (printed)**                      **Instructor #**                      **Instructor Signature**                      **Completion Date**

**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.